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N. S. DAVIS, M.D., AND F. H. DAVIS, M.D.

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Original Communications.

THREE CASES OF RARE DISLOCATION.

BY N. SENN, M. D., ASHFORD, WIS.

Read before the Rock River Medical Society.

The majority of malpractice suits arise on account of viciously united fractures, or unreduced dislocations.

Not only law renders these injuries of great interest and anxiety to the surgeon, but it is likewise an everlasting torture to his professional pride to witness his former patients walk lame, with deformed limbs, traveling advertisements of misfortune, neglect, or ignorance.

Bad results, in such cases, may generally be traced to one of three causes, viz.: 1st, The very nature of the injury itself; 2d, Non-cooperation on the part of the patient during treatment; 3d, Want of proper skill or care on the part of the medical attendant himself. For the first two we are not responsible; and, as to the last, I trust that none of us feel ourselves guilty.

Cases do occasionally occur which baffle our skill; where, on our part, most that can be done is simply to be an idle spectator, while nature completes the hideous work as well as she may. Such cases are of great importance, and deserve to be made public among the members of our profession. If they do not add to individual reputation, they serve well for the mutual benefit of us all.

Three cases of dislocations have lately occurred in my practice, which well deserve to be called rare.

The two first I report on account of their incurability, from the character of the injuries; the last on account of its extreme unfrequency, and the special interest attached to it, as it occurred to a professional brother.

Case I.—*Anterior Dislocation of Sternal end of Left Clavicle:* J. H., æt. 10, fell about ten feet from a barn floor, falling on the shoulder of the affected side. He was unable to use the arm after the injury. Twenty-four hours after the accident I examined him, and found the arm in the same position as in fracture of the clavicle: the sternal end of the clavicle formed a conspicuous protuberance in front of the sternum; its articular surface could be distinctly defined through the skin covering it. The pain was not severe, and limited to the seat of the dislocation.

By seating the patient on a chair and placing my knee against the spine, drawing back the shoulder—having at the same time direct pressure made—I was able to effect complete reduction. As soon as the traction on the shoulder was removed, the bone escaped from the articular surface to its abnormal position. Of the different dressings applied, none of them was sufficient to retain it in its place. I therefore became disgusted with them all, and abandoned everything else except two strips of adhesive plaster, applied in the same manner as for fracture of the clavicle. At the same time, I informed the parents that the deformity would remain, but that in all probability the utility of the shoulder would not become impaired.

In two weeks I removed all dressings and placed the arm in a sling. At present, about two months after the accident, the deformity remains nearly as conspicuous as when he first applied for advice, but the function of the arm and shoulder is perfect.

Hamilton has seen seven cases of this dislocation; in one, after repeated trials, he failed to reduce the bone; and he freely confesses that in none of them was the retention completely effected. I believe that in most of these cases the anterior edge of the articular surface of the sternum is chipped away by the dislocating force acting through the medium of the clavicle, rendering retention extremely difficult, if not impossible.

Case II.—*Dislocation of Femur, with Fracture of Rim of Acetabulum:* J. I., æt. 22, a strong, muscular man, was injured May 21st, 1872, while he was pushing a hand-car before him. Another one coming from behind with greater speed struck him just above the great trochanter, on the side of the pelvis, while the limb was in nearly a straight position. The force was applied from above downward. The patient was unable to walk or move his

limb without creating great pain. A physician was called, soon after, who diagnosed a simple dorsal dislocation of the femur, which, according to his statements, he reduced very easily by slight manipulation. He saw the patient several times subsequently, and pronounced everything as "all right." For a number of days the patient suffered great pain in the region of the joint.

In a few weeks he attempted to walk, but found it impossible to rest the weight of the body on the affected limb.

Two months after the accident he sought my advice. I found the limb two inches shorter than the opposite one; the head of the femur could be distinctly felt on the dorsum ilii; the foot and knee inverted. All movements were limited. The patient being very anxious that at least an attempt should be made at reduction, I operated, with the assistance of Drs. Loehr and Lueck. We first tried manipulation, according to the directions given by Dr. Reid, and Profs. Bigelow and Gunn, but none yielded the desired result. We next made use of extension, by a number of assistants, while the patient was profoundly under the influence of ether, with the result of changing somewhat the location of the head of the bone. After a number of attempts, we desisted. The patient was put in bed, and extension applied by means of weight and pulley. No unfavorable symptoms followed.

A week after, we put the patient under the influence of ether, and again resorted to manipulation, and again failed. We now applied the pulley, the thigh being bent across the opposite one, and rotated inwards. In this direction extension was applied. After using a great deal of force the head of the femur was found to move, and, with an audible noise, advance nearly two inches. No justifiable force could bring it any farther forward.

On close measurement the limb was found of normal length, and as long as held in this position, rotation, adduction and abduction were easily made; but as soon as extension was entirely removed, and especially if the leg was moved at the same time, the bone slipped back to its old location, accompanied by the same rough noise. This was repeated several times, with the same results. I now became suspicious that there must be something wrong about the acetabulum, and informed my colleagues accordingly. I was now able, with my own force, to bring the limb where it had previously required the pulley, when I brought it down to its normal length. I could feel, by rotating it, the smooth surface of the acetabulum. About a quarter of an inch, posteriorly, it seemed to pass over a rough edge, and then, without any further obstacle, receded to its old place. Manipulation would now bring it in the same position without any better result following.

We were now all satisfied that there existed, with the dislocation, a fracture of the posterior and upper portion of the rim of the acetabulum.

We brought the limb into its natural position and re-applied extension by the weight and pulley; a pelvic band finished the dressing.

The limb remained in this position for over a week, when, unfortunately, the extension apparatus got out of order. The patient failed to notify the attending physician immediately, and two days after he found an inch shortening. Extension was again applied. About three weeks after the operation I saw him, and found over an inch shortening, with preternatural prominence of the great trochanter.

The treatment will be continued for some time longer, but I am inclined to think that eventually the bone will return to the place it occupied before the operation.

This injury we would naturally expect to be a very infrequent one. Some of the most extensive surgical text-books do not even refer to it. Chelius mentions it, but gives a very indefinite description. Richter, in his special work on "Fractures and Dislocations," published in 1833, page 126, says: "In fractures of the cotyloid cavity it is said that the head of the femur is drawn upward, and the great trochanter forward, producing shortening of the limb and inversion of the foot and knee, symptoms which easily might be mistaken for a dislocation." To effect reposition,

he recommends extension and counter-extension. To insure retention, he directs to keep both limbs in apposition, upon a double inclined plane.

Erichson (page 270) believes that fractures of the acetabulum can only occur from great violence, directly applied to the hip. He regards the result always as unfavorable, if dislocation has taken place.

Ashhurst, in his late work on surgery (page 242), believes, with Dr. Bigelow, that fracture of the acetabulum, complicating dislocation, is less frequent than is generally supposed, and should never be regarded as such, unless crepitus is felt. Another diagnostic symptom he mentions, viz.: Easy reduction and difficult retention.

Bardeleben (vol. II., page 407) says: "In fractures of the acetabulum there almost always co-exists a dislocation of the femur, which is easily reduced, accompanied by crepitus, but is retained with great difficulty." For treatment, he considers permanent extension in a semi-flexed and abducted position essential to prevent re-dislocation.

Hamilton, in his work on "Fractures and Dislocations," gives an excellent description of several cases, but in all, re-dislocation eventually took place. For treatment he recommends permanent extension and a pelvic band.

The diagnosis in this case could not be made before the operation, on account of the time which had elapsed since the injury had been received. The physician first in attendance undoubtedly reduced the dislocation, but overlooked the complication.

In recent cases it may be distinguished from a simple dislocation: 1st, from the ease by which the reduction is made and the difficulty of retention; 2d, the presence of crepitus; 3d, the manner in which the dislocating force was applied, and the position of the limb at the time it was received. A dislocation occurs only, according to Prof. Gunn, when the limb is not in an axis with the body. The contrary is generally true of fractures of the acetabulum.

Although treatment appears to be of doubtful benefit, an attempt should be made to keep the parts in apposition until the acetabulum has gained sufficient strength to support the weight of the body. Bony union between the fractured ends, if not impossible, is at least improbable, from the anatomical relation of the parts.

Case III.—*Dislocation of Tibia and Fibula forward:* Dr. L., æt. 36, a tall, muscular man, on August 22d, 1872, while turning a corner upset his buggy, and was thrown out. Just how he fell, or the exact manner in which the injury was received, he was unable to state. As there were marks of violence in the popliteal space and in front of the ankle, I am inclined to think that his leg was caught between the spokes of the wheel. He was unable to stand on his right leg, or move it without intense pain. He also noticed the great deformity which too plainly demonstrated to him that something serious had taken place. Being accidentally in the neighborhood, the messenger met me on the road, and I saw him about an hour after the accident. He suffered considerably from the shock; the features were pale, and expressive of a peculiar indifference of what had happened; surface covered with a cold, clammy perspiration; extremities cold; pulse feeble and frequent. The limb presented a characteristic appearance; it was flexed, and the foot slightly inverted; shortening, amounting to three inches; the antero-posterior diameter of the knee was greatly increased, the head of the tibia and patella forming a sharp protuberance in front, while the condyles of the femur formed a roundish prominence in the popliteal space. The articular surface of the tibia could be readily distinguished through the skin. The pulsations of the posterior tibial artery were hardly perceptible, and the whole leg felt cold. Reduction was accomplished by making counter-extension and extension by a number of assistants; the former just above the knee, and the latter at the ankle, while the limb was flexed at about an angle of forty-five degrees. I made direct pressure upon the bones. Considerable force was required to dislodge the bone, when it suddenly—with a loud snap— was restored to its normal position. The limb was placed

upon a posterior splint, and bladders, filled with pounded ice, applied to the joint. Considerable swelling took place during the first night and remained for three days, when it gradually subsided. At no time was the pain severe. The ice was continued for the first three days, and afterward, followed by tinc. opii and aq. plumbi. He had often queer sensations along the course of the peroneal nerve; and several points on the foot, supplied by it, were without sensation. In six weeks he was able to walk around with one crutch, but the anterior and peroneal muscles were found almost completely paralyzed, causing a position of the foot analogous to equino varus. Undoubtedly, at the time the injury was received, the peroneal nerve was injured, giving rise to this unpleasant result. Electricity and shampooing were perseveringly used with the hope of finally restoring contractility to the affected muscles. At present the knee is perfectly well, and the patient is able to walk well with the aid of a cane, the paralysis having considerably improved.

Velpeau gathered thirteen cases of anterior dislocation of the tibia and fibula. Hamilton gives the history of five other cases, none of which he seems to have seen himself. From these facts we may presume that it must be an accident of very unfrequent occurrence.

Almost perfect recovery followed in most of the cases, in from six weeks to three months.

A CASE OF LITHOTOMY.

BY H. WARDNER, M. D., OF CAIRO, ILL.

On the 31st of October last, in answer to a telegram, I visited a lad of nine years, at Walbridge, in Pulaski county, who was supposed to be suffering with a stricture. I found the patient much emaciated, frequently urinating, and suffering most excruciating agony at every attempt; his voice was hoarse from crying; he was feverish at times; had but little desire for food; and constantly calling for something to stop the pain. He was almost constantly pulling at the prepuce, which had become much elongated in consequence. As a result of his frequent violent straining and the pelvic tenesmus, the rectum was somewhat prolapsed, and the fœces were passed at nearly every effort to void the urine. His health had been gradually failing for over a year, but it was only four or five weeks since these more acute and violent symptoms had set in.

He was placed under chloroform, and a gum catheter introduced into the bladder without encountering any stricture. The finger was then introduced into the rectum and pressed against the neck of the bladder, so as to feel the catheter. A violent tenesmic contraction of the bladder followed, forcing the urine out suddenly, both through and *around* the catheter. At that moment I felt a body settle into the neck of the bladder, apparently about the size of an almond. Upon moving the catheter about a little, it disappeared and was not afterwards felt at that time.

I was not provided with a sound or metallic catheter of suitable size for the case, and consequently could not speak with an absolute certainty; but my diagnosis was stone in the bladder, most probably, Drs. J. W. Mott and — Purdy differing with me, in thinking that the almond-shaped body was the result of the tenesmic contraction, and that it disappeared as the spasm relaxed. My opinion was communicated to the parents; but I requested another opportunity to examine the patient before recommending any decisive action in the case.

On the 17th of November last, the father, Mr. A. Stevenson, came to my office and requested me to go prepared to remove the stone, which he had come to believe existed. I saw the patient the same evening, and had no difficulty in finding the stone with a metallic flexible sound. By moving the sound over the surface, I judged it to be at least an inch in diameter. The time for operating was set at eight o'clock next morning, *i. e.*, November 18th, and a messenger sent for Dr. J. W. Mott to assist.

At the appointed time the patient was anæsthetized by Dr. Purdy, who kept up the administration as required during the operation. The patient was placed in the usual

position, on a common table, and tied. The stone was again readily detected with the grooved staff, upon its introduction into the bladder. Dr. Mott held the staff firmly up against the pubis, and I performed the lateral operation. After the first incision, which divided the more superficial tissues at once, I proceeded slowly, with the index finger of the left hand pressing the rectum aside and guarding the edge of the bistoury, using the knife only when the parts were not readily separated by the finger or the handle of the scalpel, until the membranous portion of the urethra was reached. The staff was then lowered a little, so as to bring it readily against the finger, and the point of the knife carried through the urethra into the groove. The probe-point of the lithotomy-knife was then passed through the slit and safely lodged in the lower termination of the groove. The staff was then drawn up against the pubic arch, seized, and with the knife carried into the bladder, as recommended and practiced by Professor Pancoast, when a gush of urine occurred. The staff and knife being withdrawn, the opening was easily dilated with the finger, although apparently not more than three or four lines in extent. The stone was readily found by the finger, lodged in a sort of pocket behind the pubis. It was dislodged, and fell upon the posterior wall of the bladder, when, upon attempting to seize it with forceps, it again slipped into the pocket. The hand of the assistant was then pressed firmly over the abdomen behind the pubis, when the stone was readily seized with a pair of small-sized forceps, and, by a little careful manipulation, removed. The hæmorrhage during the operation did not exceed an ounce. The wound and bladder were then syringed with warm water, and a female catheter introduced through the wound, and fastened by a waist-belt and tapes, and the patient placed in bed and given an anodyne.

The subsequent history of the case has been furnished me by Dr. Mott, who is entitled to much credit for his careful subsequent treatment of the patient.

Nov. 19th, 10 A. M.—Patient has rested well; slept about half the time since the operation without any repetition of the anodyne; pulse 106; respiration natural; urine discharging freely through the catheter; no hæmorrhage, tenderness, nor inflammation. I think he is doing remarkably well. Says he is bound to have that stone. No action of bowels; appetite poor.

Nov. 20th.—Condition much the same as yesterday; gave ten drops of laudanum twice a day, to keep bowels in check; syringed wound with carbolic acid wash, three grains to the ounce; removed catheter.

Nov. 21st.—Doing remarkably well; appetite returned; bowels still quiet; pulse 84.

Nov. 22d.—Rests well; pulse 90; urine discharging freely through the wound; some tenderness over bladder; bowels not moved; use of chloroform suspended; appetite good.

Nov. 23d, 11 A. M.—Patient suffering very much since six o'clock last night. I find him screaming with pain; pulse about 80; bowels full and hard; no urine passing. We gave him some chloroform, and introduced the female catheter through the wound into the bladder, when he passed considerable urine through wound and catheter, and had a large evacuation of the bowels. Five minutes later he had another very large fœcal discharge; then went to sleep, with much less distension of abdomen; pulse 84; no unnatural heat about him. At one o'clock P. M., he awoke, suffering intense pain. I suspect the possibility of another stone. "Come out to-night, if you can."

I visited the patient, as requested, and found him very comfortable, and the Doctor a little annoyed that he had called me out to the case, but I was glad he did so.

The rectum being so distended with feces, it pressed the walls of the wound at the neck of the bladder together, and closed the passage for the water, and re-induced tenesmic action. Injections and anodynes were suggested, to be used as the case might require —the former to keep the feces soft and facilitate the discharge.

Nov. 24th.—Patient sleeps well; has occasionally a paroxysm, lasting ten to fifteen

minutes; gave ten drops tinct. opii twice to-day; pulse 86; appetite good.

Nov. 25th.—Had three returns of pain during the last twenty-four hours. I suppose these pains to be caused by the vesical irritation produced by the stone before the operation. This is the only annoying symptom in the case.

Nov. 26th.—Doing well in all respects; passed urine three times to-day naturally, two or three ounces at a time; thick, yellow pus discharging from the wound.

Nov. 27th.—Passed urine four times per urethra; bowels move freely, without pain; is taking four drops of muriatic acid three times daily, well diluted.

Dec. 2d.—The boy has improved remarkably during the fourteen days since the operation, having gained from five to ten pounds in weight. He has passed urine naturally since the twelfth day after the operation; bowels free; appetite good, and everything all right. I do not visit him any more.

Dec. 8th. The boy is reported to be up and dressed, and going about.

The stone was oval in shape, four inches in its largest circumference, and weighed 174 grains. It was of phosphatic composition.

I regard the mode of operating by dilation, and as little use of the knife as possible, an important part in the recovery of the case, and as lessening the danger of the operation materially. I believe it far better to make a dozen light cuts with a knife well guarded than to make two or three bold thrusts; for, however skillfully they may be made, the wound may be deeper than actually necessary. Even the sixteenth of an inch might turn the scale against the success of the operation, or rather of the recovery of the patient.

Obstinate Lachrymation.—We find in *Schmidt's Jahrb.* for October that a late number of the *Mon. Bl. f. Augenheilk.* contains the details of a case in which there was such profuse lachrymation as to necessitate the constant application of a cloth or handkerchief. All medication proving futile, Dr. Talko extirpated the lachrymal gland, with total relief of the distressing symptoms; but the eye continued more moist after the operation than the other eye.

Progressive Muscular Atrophy.—By J. Lockhart Clarke, M.D., F.R.S., communicated by Sir William Gull, Bart., M.D., to the Royal Medical and Surgical Society, London.

A man at the age of thirty became affected with frequent vertigo, which lasted for three years. From this period he found that he was obliged to be very slow in all his movements, and that if he attempted to move his limbs quickly they trembled very much. Subsequently he felt weakness in the left leg, so that he would suddenly fall down, without feeling giddy, and the calf of that leg began to waste. Then the muscles of the right leg wasted, and four months later he noticed wasting of the muscles of the left shoulder. He complained of severe dragging pain in the arms and legs. These symptoms gradually increased through a number of years, so that at the age of fifty-eight he was quite unable to stand, or even turn in bed, or feed himself. There was great muscular rigidity. Almost all the muscles of his body were much wasted, especially those of the upper extremities. The respiratory movements were very feeble. There was no trouble with his bladder, nor any noticeable alteration of cutaneous sensibility, but electric sensibility was almost abolished. His speech was indistinct and nasal. Deglutition became difficult, and at last almost impossible, and saliva ran from his mouth. The fibrillar tremors and rigidity of the muscles wholly disappeared during the last week of his life.

Parts of the cerebral convolutions were thickly interspersed with corpora amylacea, and many of the blood-cells of the white substance were enlarged. The cells of the grey substance were not altogether healthy. The pons Varolii was somewhat below the average size; its blood-vessels were much dilated, and in some instances had partially or wholly disappeared at particular spots, leaving empty tubular spaces. The corpora amylacea were thickly interspersed. The medulla oblongata was about one-fifth below the average size in the adult. All its nuclei were decidedly smaller than usual, and their cells were more or less affected by pigmentary degeneration. The diameter of the spinal cord was at least one-fourth less than the average in the adult. The grey substance, from one end to the other, was severely damaged by a variety of lesions and degenerations. In all regions of the cord the nerve-cells of the anterior grey substance had undergone considerable degeneration. Some of them had wholly disappeared by gradual pigmentary wasting, or by falling into heaps of granules. Of those that remained the processes were either lost or reduced considerably in size.—*The Doctor.*

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A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, January 1st, 1873.

EDITORIAL.

NEW VOLUME.

The present number commences the fourteenth volume of THE MEDICAL EXAMINER, and through its columns we wish all our readers *a happy New Year*. It seems but as yesterday when we issued the first number, and yet thirteen years of active, earnest life have passed, during which we have given a small portion of almost every day to the work of furnishing our readers with something calculated to aid them in the great and responsible duty of preventing, alleviating and curing disease. To aid in diffusing a knowledge of whatever we found of special value, either in our own practice or in the current literature of the day, and to encourage improvement in the social and educational interests of the profession, have been the controlling objects of our editorial work.

One year since we altered the form of THE EXAMINER, doubling its columns and increasing the frequency of its issue, thereby giving our readers a much larger amount of matter in the year, and giving it on excellent type and paper. This, of course, added to the expense of publication. The improvements already made will be continued, and others will be made from time to time, as opportunity offers. We have seldom said anything in these columns about pecuniary matters, but have waited patiently for each subscriber to be actuated by his own sense of duty. And all we wish to say now is, that this is the time for every reader to renew his subscription. Three dollars is a small sum, and easily paid at the beginning of each year. Send it along, with as many contributions for our columns as you can, and you will thereby make the coming year more happy and more useful than the past.

INFANT MORTALITY.

During the past few months, the subject of mortality among young children, especially in our large cities, has been brought prominently to the notice of the profession, in connection with suggestions for lessening it. Dr. J. M. Toner, of Washington, D. C., by referring to the census returns, has shown that nearly fifty per cent. of the gross mortality in the larger cities of our country occurs in children under five years of age. And every observing practitioner knows that much the larger part of this mortality takes place during the hot months of summer, and in children under three years. Dr. Toner's statistics also show that the ratio of infant mortality in the country districts is so much less, especially during the summer months, that he suggests, as an important sanitary measure, the removal of young children, with their mothers and nurses, from the cities into elevated and healthy country districts, during the two months of highest summer heat. To make this practicable for the poor and laboring classes, whose children suffer most, he suggests the establishment of public sanitary parks or encampments, furnished with tents, barracks, and other necessary conveniences, and located as near our large cities as healthy and accessible places can be found. It is proposed that these parks or encampments shall be provided with all the needed accommodations by the municipal authorities of cities, aided by benevolent individuals, that they may be *free* to all who have feeble or sick children, however poor they may be. It is thought that 1,500 or 2,000 acres of elevated ground—covered, in part at least, with trees, under-drained, and well supplied with pure water—would be sufficient as a summer resort for the children of the working classes of any one of our large cities. An abundant supply of fresh, pure milk would also be a necessity; and the whole should be under the super-

vision of a good physician and three or four efficient sanitary policemen.

Theoretically, the scheme thus outlined looks fair and practicable. The subject is one of the most important that can engage the attention of the social economist and the physician. The terrible loss of life in infancy in all our great commercial cities, during the summer months, is painful to contemplate. And it is quite time that the medical profession entered sincerely upon the work of devising means for permanently lessening the evil. Whether the measure proposed by Dr. Toner is the best that can be devised, or whether it should constitute one of a series of measures, all aiming to facilitate the accomplishment of the same object, we are not prepared to state at present, but will return to a further consideration of the subject at a future time.

Society Reports.

MEETING OF THE NORTHEASTERN INDIANA MEDICAL SOCIETY.

Tuesday, December 3d, 10 o'clock A. M.—The meeting was held at Ligonier, in the office of Dr. Knepper, Dr. Dancer presiding.

Members present—Drs. Cowan, Spooner, Casebeer, Chamberlain, Wood, Dancer, Denny, Palmiter, Knepper, Crum, Landon, Gants, Roehdebaugh, Franks, Carr, Latta, Erickson and Gilbert.

After some preliminary business, Dr. Franks reported the following case: Patient aged 20; male; in good health, with the exception of an attack of epilepsy, which recurs about once a year. As yet it has resulted in no visible constitutional disturbance. During a violent attack on the 29th day of last August, he fell from a chair. After the attack he complained of considerable pain in the left shoulder. A physician was called, who examined the shoulder, but found no displacement. He prescribed liniment, and gave other directions. About four weeks afterward, the patient applied to Dr. Franks, who found a downward dislocation of the humerus. The patient was brought under the influence of chloroform, and the luxation replaced, with the aid of Dr. Gard. It was the opinion of Dr. Gard (who was called immediately after the attack) that the luxation was the result of continuous muscular action, and not the result of violent muscular action during the attack, or from the fall. This opinion was not fully concurred in by the Society. Dr. Denny, however, believed a luxation might be possible from continuous muscular action, although in this case it probably occurred during the attack.

Dr. Cowan reported a case of periodical epistaxis in a child aged eight years—healthy parentage. The patient was put on iron and the mineral acids, besides periodic doses of quinea, nutritious diet, bathing, etc. This treatment was continued for some time, with no improvement. At length an eruption on the skin occurred, with coppery discoloration. The doctor believing it to be of a syphilitic character, prescribed "Donovan's Solution," which resulted in a speedy recovery.

Dr. Landon presented a case—female, aged fifteen—of cancerous cachexy. The patient has a vascular tumor under the tongue, near the orifice of Wharton's duct, and one on the cheek, near the opening of Steno's duct, which has a hard consistency, but not of the nature of concretions from the saliva. The neck, externally, presents a few varicose veins.

Dr. Latta—The tumor under the tongue is varicose, of course; but owing to its location I would consider its removal very dangerous, on account of the hæmorrhage which might prove uncontrollable. If I were to operate at all, I should destroy the vessel by injecting it with sol. ferri persulphas. I would use as large a quantity of the solution as possible, as I believe there is less danger from clot when the inflammation produced is considerable, than when it is but slight, for obvious reasons.

Dr. Erickson—I should use the "Vienna paste" in destroying vascular tumors. The danger from clot is very slight indeed with the paste. I have frequently used it in destroying tumors of this kind, and have never experienced bad results. I should consider an operation extremely hazardous in this case, however, on account of its location.

Dr. Denny—I believe it to be cancerous, and would advise no interference.

Dr. Erickson presented a calculus, measuring two inches in circumference, which he removed from the urethra of a gentleman three days before. It had passed from the bladder and lodged in the urethra about an inch below the prostate gland. It was impossible to remove it except by the knife. The patient bids fair to make a good recovery.

A chemical analysis shows the calculus to consist of oxalate of lime.

Dr. Crum reported a case: Girl aged two years. In falling upon the sharp corner of

an open cellar door, the walls of the abdomen were broken through and the colon was ruptured, the bowels protruding through the aperture. The wound was dressed with the assistance of Dr. Knepper. The patient was put on opium, and complete quiet was observed. A good recovery was the result.

Dr. Latta spoke of the importance of full doses of opium in such cases, and of the necessity of avoiding cathartics. He would rather allow the bowels to remain constipated for a month than give a cathartic in such a case.

Dr. Chamberlain reported a similar case, which also resulted in recovery. A woman, in attempting to commit suicide, had opened the abdomen with a knife, near the umbilicus, and withdrawing the colon, had cut away about four inches of it. The ends were returned and the wound dressed. The doctor gave a full dose of opium, and left the patient to die, as he supposed; but to his astonishment she recovered.

Dr. H. D. Wood reported the following case: Male; aged 35; parentage good; entered the army in good health in 1861, and served until 1865. During the summer of 1864 he suffered much from diarrhœa. In the winter of 1864-5 he began to complain of pain in the ball of the left foot when walking. The pain extended to the heel, and thence all over the foot. In 1866 the other foot was involved in the same way. On rising in the morning he suffers no pain, but walking produces pain and a sense of tension. When the feet are elevated there is no pain. At first there was but little swelling, but it gradually increased a little. There is some redness now, and slight pitting on pressure. The affection has been growing more painful from year to year until the present time. He first came under the doctor's treatment a year ago. He has been unable to afford any relief whatever. He now submitted the case to the Society, and asked for an expression of opinion in regard to its pathology. There was an extended discussion in this case, but nothing satisfactory was elicited.

A number of other cases of much interest were reported, and an animated discussion was had on uterine supporters.

T. F. Wood, G. Erickson and P. W. Crum were appointed essayists for the next meeting.

The subject of discussion at the next meeting will be: "Can legislation be Protective to the Medical Profession?"

The Society adjourned to meet at Angola, on the first Tuesday in March, 1873.

JOHN DANCER, *Pres.*

J. L. GILBERT, *Sec'y.*

Gleanings from Our Exchanges.

PRURIGO AND PRURITUS.

Dr. Rothmund (*Aert. Intell. Bl.*, 26th Sept.) says that prurigo and pruritus are old-fashioned names for two essentially different skin diseases, which have been most incorrectly confounded with each other very frequently. They are certainly etymologically in so far alike that they both mean itching, and itching is common to both of them. The essential difference consists in this, that prurigo manifests itself by the eruption of abundant intensely itching knots, whereas in pruritus no naked-eye alterations of the skin are visible. Both are more frequently diagnosticated by second-rate physicians than they actually are seen in nature; and they are occasionally both confounded with lichen.

The knots of prurigo are generally noticed on the extensor sides of the lower and upper extremities, but seldomer and less observably on the trunk. Well-marked forms of prurigo are rare in Germany. As these knots of prurigo call for scratching, from the intense itching they cause, we find usually their summits wounded and covered with a crust, from the issue of a drop of blood. For the same reason we almost constantly meet with an artificial eczema, and also a marked swelling of the inguinal and crural glands, which is partly caused by the eczema. As this form of disease is caused by a chronic hyperæmia and inflammation of the papillæ of the skin, we have to enroll it among the inflammatory processes.

On the other hand, we must consider *pruritus* as an anomaly of the nerves of the skin. Here the skin exhibits no marked efflorescence, neither vesicles nor knots, nor other phenomena, which can be ascribed to the scratching — erythema, excoriation, or eczema. We generally find this affection unaccompanied by any notable affection of the health, but occasionally we find it accompanying Bright's disease or jaundice in rare cases. The cause of this rare but peculiar fact lies in obscurity; retention of urea or coloring matter of the bile cannot be laid down as the cause.

Sometimes the abnormal itching, which robs the patient of sleep and appetite, is extended over the whole body.

The seat of the affection is sometimes rather variable. Of pruritus, at least, we cannot say that it is found more on the hard parts than on the mucous surfaces; but it often limits itself in the most troublesome manner to the organs of generation. Prurigo

is not uncommon in childhood; but pruritus, on the contrary, is proportionally far more common in old age.

The treatment of these two affections was for a long time a true crux medicorum, and the number of therapeutic agents which have been employed, and the constant attempt to suggest new remedies, shows this sufficiently. Had any of the remedies recommended been of great utility, all the rest would have been thrown aside. Here, as in many other diseases, the greater the number of remedies, the greater the certainty that none possesses truly the boasted power, and none is able to maintain the trust we bestow on it.

I will not go further into the history of the therapeutics of these two affections. I count merely on the fingers those hitherto used: Cold effusions, sea-bathing, salt baths, sulphur soap, sulphur and sand soap, sulphur ointment, sublimate baths, alcoholic lotions, veratrus (very dear), chloroform, tar ointment, arsenic, etc. To all of them we can, more or less, only ascribe the term of palliative; and yet our ancestors were certainly not bad therapeutists—perhaps much better than our successors will be. Of all the above-named remedies, long-continued, energetic chloroform or tar ointments give satisfactory results in mild cases. Ether preparations give some hours' peace; and rubbing with brandy in like manner is useful. For a certain cure, however, the difficulty lies in this—how to prevent relapses, which come on sooner or later, or how to arrive at lasting results. The most suitable for this was the long-continued use of tar preparations (in form of tar soap, sulphur-tar soap, oil of tar, or spirit of tar, or pix liquida). This process, however, had much against it, for it is unsuitable in thick, dry, or tender skin, and dirties the linen terribly.

The not unfavorite internal use of arsenic (as Fowler's solution, or Wilson's liq. ferri. arsen.) I have (although I have learnt to prize it greatly in non-syphilitic psoriasis) found always an unlucky weight on the organism. In childhood, the use of iodized cod-oil deserves all praise, and is rarely contra-indicated.

In No. 41 of last year's Journal (pp. 502–505), I spoke shortly concerning the treatment of a disease which was quite obscure until this century. At that time I also spoke of the favorable influence of carbolic acid upon prurigo, and especially on pruritus, adding that this acid worked from the blood in the peripheral nerves. This observation I do not retract now, but I have to add one more proved and tried.

The internal administration of carbolic acid excels in good effects in this affection that of any other body in the Pharmacopœia. It is an effective cure, and not merely a palliative. At first I gave it in the form of pills, six centigrammes in each, one twice a day; but the disagreeable smell of the acid was against it. This was lessened by using carbolate of soda, which is a mild and useful preparation.

When I had gradually found that this preparation was tolerated in rather high doses, and that it did not contradict the desired effect I hoped for, I felt myself compelled to try how it would act in the form of subcutaneous injections.

The last-named experience appears to me, after further observation, to present such advantages that I publicly announce that it will take fast root in the therapeutics of skin diseases, and that it will not be unworthy of the greatest attention.

The accounts published by Neumann, of Vienna, as well as the consequences drawn from them, made me observe great care at the commencement of my experiments. But after long trials, all fear quickly vanished, and even the early fear I had that injections might call forth great local irritation, I have given up as erroneous. In a great number of injections made by me, I have never noticed any pain out of the common, nor any peculiar affection of the skin. At first, at each injection, a newly-gilt needle was used; but later, cleansing of the needle used was found quite sufficient. Solutions of pure carbolic acid appeared more efficacious than those of carbolate of soda. The solution contained 25 centigrammes of carbolic acid and 30 grammes (four grains to the ounce) of water, so that each time about one centigramme of carbolic acid was injected, or less.

We must not omit to remark that the hypodermic method is so much the more to be preferred to the internal use of the remedy, because it causes a more rapid effect, a much less quantity of the substance is needed, and the digestive organs are left intact, thus sparing the nutrition of the patient.

According to what I have said, I hold myself entitled in every respect to describe the favorable effect of carbolic acid in prurigo, and especially in pruritus, as no longer doubtful, and to recommend further trials of hypodermic injection, in such cases, with carbolic acid.—*The Doctor.*

Dr. R. W. Gibbes, of Columbia, has been elected Professor of Anatomy and Surgery in the University of South Carolina, in place of Dr. Darby, resigned.

CLINICAL EVIDENCE IN FAVOR OF THE VALVULAR ORIGIN OF THE HEART'S FIRST SOUND.

The production of the first sound of the heart is now very generally referred to the vibratory tension of the mitral and tricuspid valves. Some authors, however, still contend for the partial production *at least* of the sound by the muscular bruit and the movement of the blood. Prof. Bamberger, who is one of the leading German authorities on diseases of the heart, some little time back published (*Wien. Med. Wochenschr*, No. 1, 1872) a very interesting account of two rare affections of the heart which bear closely on the mechanism of the production of the first sound. An abstract of this paper appeared in the *Centralblatt* (No. 16, p. 2,147 *et seq.*), which we translate for our readers.

Bamberger is of opinion that the chief objection against the experiment of Ludwig and Dogiel is by no means refuted—the objection, namely, that a valvular sound may arise in a heart which is devoid of blood. He thinks *prima facie* the first sound must be valvular because of the great similarity between it and the second, of which the valvular origin is not disputed. Again, the assumption that it is a combination of a muscular and valvular sound is not justified, for the first sound is clear, distinct, and sharply circumscribed. He, however, concedes the existence of a muscular sound in cases of hypertrophy and of excessively increased normal action; but this muscular sound is essentially different from the normal sound and not difficult to distinguish. Von Bamberger mentions that he had under care in the hospital two cases of great hypertrophy (one accompanying mitral stenosis, the other aortic insufficiency), in both of which the muscular sound could be heard without the stethoscope at a distance of two feet, a thing which never happens with valvular sounds.

Two other very interesting cases have furnished new proof in favor of the view that the first sound of the heart is a valvular sound.

The first of these was that of a day laborer, aged 40, the subject of chronic catarrh, emphysema, and dilatation of the right heart. Dropsy and the usual symptoms of chest embarrassment had supervened. Two circumstances only made the diagnosis at all doubtful. The ailment had existed twenty-three years, and had begun with ascites. Sectio cadav. disclosed bronchitis and dilatation of the heart; the former, however, was insignificant, and the latter had arisen from other causes. The chief feature of the case was a very peculiar form of malady which the author has already seen in other instances, but which has not been hitherto described. He cannot as yet draw a precise pathological picture of the affection, but it consists in chronic inflammation that attacks almost all the serous membranes in succession, occurring without any recognizable special cause, or any previous constitutional dyscrasy, and pursuing its course with exceeding slowness. It is accompanied by considerable thickening and indurative degeneration, but there are no local inflammatory or irritative symptoms, or at any rate none of importance. Frequently, but not always and not in all situations, it gives rise to considerable serous effusions.

In the case above-mentioned the author found extensive induration of the peritoneum, of the capsules of the liver and spleen, of the pleura, and especially of the pericardium. The latter membrane was free on the lower part only of the anterior surface of the left ventricle: everywhere else it was adherent, and was changed into an immoveable capsule of stony hardness, from which processes projected into the muscular tissue of the heart. Thin sections under the microscope show it to be merely calcified connective tissue. On being treated with hydrochloric acid the stroma of the connective tissue remains. The capsule is made up of two halves, which are articulated over the right ventricle like the two halves of a mussel-shell. Both auricles and the venous orifices were extraordinarily wide, the whole heart considerably enlarged, the valves unaltered. Heart tissue brownish in color, being in the condition of brown atrophy ("simple" atrophy?); the thickness of the muscular wall at the site of the non-adherent surface of the left ventricle amounted to nine millimeters (=0.354 inch).

In this case the first sound was always distinct and quite clear over the apex and tricuspid space. Von Bamberger thinks it impossible to suppose that the muscle which, with the exception of a part of the front of the left ventricle, was entirely incorporated with a rigid calcareous shell that gave off numerous projections into its substance, and which was itself in a condition of brown atrophy, could have produced a distinct and clear sound. On the other hand, there was no hindrance here to the production of the sound by the valves.

The second case was that of a day laborer 21 years of age, who up to a year previously had always been healthy. Since then, however, every time he did any work that required more effort than usual he suffered from violent palpitation and severe oppression of

the chest. This oppression quickly increased in severity, came on spontaneously, and finally compelled him to go into the hospital. Here the following symptoms were noted: slight cyanosis of lips; no dropsy; area of heart's action enlarged, as evident both to sight and touch; apex impulse in the fifth intercostal space, three centimetres (=1.18 inch) outside the nipple line, and considerably increased in force; absolute dulness from the site of the apex impulse to the upper edge of the third left cartilage, and from the middle of the sternum to nearly two fingers' breadth beyond the nipple line; at the apex a very loud murmur is heard of peculiar quality (*timbre*) occupying the whole of the systolic period, whilst during diastole a very short, weak murmur is heard in the same situation; over the tricuspid area the murmur is heard, but less audibly; second sound normal; aortic sounds normal; second sound of pulmonary artery distinctly exaggerated; pulse wave low, arterial tension slight. The diagnosis was, mitral insufficiency and stenosis of the venous orifices—given with hesitation. The patient quickly sank under an attack of pneumonia.

The heart was much hypertrophied, especially in the transverse measurement. Left side very large; walls of left ventricle soft; wall of right ventricle firm, but not so thick; the wall of the right conus arteriosus four millimetres (= 0.157 inch) thick, with great fatty degeneration; no fatty degeneration anywhere else; musculi papilares of right ventricle decidedly hypertrophied — of left ventricle slightly so; valves all normal, except the edges of the extremities of the mitral, which are thickened a little, and some slight knotty enlargements on some of the chordæ tendinæ. In the left auricle, and projecting into the auriculo-ventricular orifice, there is a club-shaped mass, forty-two millimetres (= 1.65 inch) long, forty-one millimetres (= 1.61 inch) broad, and twenty millimetres (= 0.787 inch) thick, which is connected by a thin pedicle, at a point about thirteen millimetres (= 0.511 inch) from the base of the posterior flap of the valve, on the line between the pulmonary veins of the two sides. The mass is glassy and jelly-like, and under the microscope resembles myxoma.

Here was a case in which during life a prolonged systolic murmur was heard, with no trace of the normal sound. After death, no alteration of the muscular structure of the heart worthy of note was to be discovered. On the other hand, a tumor was lying upon the auricular surface of the mitral valve. The fact that this was sufficient to produce a systolic murmur shows that the systolic sound must be a valvular sound, for if it were a muscular sound the tumor could not have had any influence upon the formation of the sound. But the natural sound was interfered with because the regular sound—producing oscillatory movement of the valves—was interrupted by contact with the tumor.—*The Doctor.*

Treatment of Diphtheria by Inhalations of Sulphur.—Dr. Kieser recommends, in the *Wurtemburg. Medicin. Correspond.-Blatt*, the treatment of diphtheria introduced originally by M. Barbosa, viz., insufflations three times a day of the commercial flowers of sulphur, by means of a little cone of paper, the bent end of which is charged with the drug. Ordinarily three to six insufflations are sufficient, in cases seen early, to cause the disappearance of the exudation, and the cure is complete in from eight to ten days. In neglected cases nine to twelve insufflations are required, and the cure requires twelve to fourteen days. Dr. Kieser thinks that nurses can be readily taught to practice the insufflations, and in young infants he advises a glass tube with one end fine and bent, and the other armed with an india rubber bulb, to be substituted for the cone of paper. We cannot think insufflations should be left to nurses, and with infants the danger of glass tubes is manifest.—*The Doctor.*

Varicose Veins.—Dr. S. Soboroff described in *Virchow's Archiv.*, liv. 1-2, p. 137, the structure of varicose veins. The chief change he observed was hypertrophy of the smooth muscle fiber. There was no change in the epithelial coat. This layer was perfectly intact, though several cells seemed enlarged in dimensions. It is probable that this process is connected with a hyperplasia of the cell elements. The other peculiarities were not so constant. In some cases there was increase of the muscular tissue; in others, a fuller development of the vasa-vasorum.—*The Doctor.*

Money Receipts.—We acknowledge remittances received from Drs. J. M. Barlow, J. O. Curtis, W. W. Grout, J. B. Reed, J. C. Allaben, J. Schneck, A. H. Smith, J. C. Adrian, Jos. Culbertson, G. E. Bowers, A. P. Nelson, E. R. Atwood, M. P. Hatfield, J. R. Eversole, and L. D. Humphrey.

Original Communications.

EXPERIMENTS WITH CUNDURANGO —ITS POWERFUL INFLUENCE ON ULCERS.—IT DOES NOT CURE CANCER.

BY EDMUND ANDREWS, A. M., M. D., PROFESSOR OF SURGERY IN CHICAGO MEDICAL COLLEGE.

The South American physicians chiefly praise cundurango for its power over ulcers, eruptions of the skin, and syphilis, but speak more cautiously of its value in cancer. In this country, on the contrary, surgeons seemed determined to use it only for the cure of cancer, and failing in that, to pronounce it a humbug.

Personal correspondence, however, with Dr. Chiribaga, Surgeon-in-Chief of the Army of Ecuador, and Dr. Casares, the clear-headed Professor of Surgery in Quito, satisfied me that these men had acquired their strong confidence in cundurango through an extended experience, and that consequently they were not likely to be wholly mistaken. The facts detailed by them, however, lacked fullness of statement, especially in the matter of diagnosis, so that I remained considerably at a loss to know in what the exact effect of the drug consisted, and to what forms of ulcers, etc., it was adapted.

To clear up this obscurity I undertook the subjoined experiments. Most of the patients were in Mercy Hospital, but a few were in the private practice of myself and others. The cundurango used was the fluid extract prepared by Bliss & Keene, of New York, and was administered exclusively by the stomach, none being applied locally except in one instance. The dose was a teaspoonful for adults, and proportionately for children, four times a day.

These experiments showed that, though cundurango has little or no influence over cancerous tumors, yet it possesses other qualities which render it one of the most remarkable substances ever introduced into the materia medica.

The first thing which strikes the surgeon experimenting with it, is its marvelous power to increase the growth of granulations in ulcers. Table I. will place the facts concisely before the reader. As the experiments are recent, many of the cases given in the tables are not complete, but only show their progress up to the present time.

What strikes one most forcibly in this table, is the almost invariable increase of granulations soon after the medicine was commenced. This change is visible in from two to ten days, and is sometimes very remarkable. The growth of granulations is followed by contraction of the ulcer, and often by rapid cicatrization. In some cases the remedy seemed after a time to lose its effect, but in none did it fail to bring at least some benefit. Most of the patients experienced an increase of the appetite, and many, but not all, a greater frequency of alvine discharges, so that constipation was often completely relieved by it. I did not observe any effect upon the kidneys, nor the other glands. The nervous system showed no evidence of being affected, except by a diminution of pain in certain cases. Some showed a decided increase of flesh, vigor and good spirits, as if elevated by the influence of a powerful tonic. This was best seen in one patient (case 7557, Table II.), who took double doses steadily for fifteen months.

The soft chancres and suppurating buboes were all cauterized with nitric acid at the outset, so that they should probably be considered as changed by the cautery from poisonous to ordinary ulcers. I have not tested the question of whether the remedy would succeed in an uncauterized soft chancre. On the whole, the indolent ulcers, following after the suppuration of buboes, did not as promptly respond to the medicine as ordinary ulcers, yet they were decidedly benefited.

In tertiary syphilis the results were excellent. This might have been foreseen, for the power of cundurango is most conspicuous in ulcerative diseases, and these are especially characteristic of tertiary syphilis. Even the eruptions of this stage, such as rupia, are ulcerative in their nature.

TABLE I.

CASES SHOWING THE EFFECTS OF CUNDURANGO IN COMMON ULCERS, IN SOFT CHANCRES AND IN THE ERUPTIONS AND ULCERATIONS OF TERTIARY SYPHILIS.

NUMBER OF THE CASE IN MY RECORD.	AGE.	DISEASE, HISTORY, ETC.	CONDITION AT THE TIME OF COMMENCING THE MEDICINE.	SYMPTOMS AND PROGRESS WHILE TAKING THE REMEDY.
Case 7927	28 yrs.	A fibrous tumor was removed from each trochanter. Wounds became indolent ulcers, very inactive, and indisposed to heal. Took tincture of iron for a long time in vain.	Appetite poor, bowels costive, ulcers indolent, about one or two inches in diameter, and healing very slowly.	Commenced taking cundurango. In about four days the appetite improved, the bowels became regular, and the ulcers produced fresh granulations. They soon contracted rapidly in diameter, and in two weeks were nearly healed. There remain now only small unhealed points, which are again slow in their final closure. Dose, a teaspoonful four times a day of the fluid extract.
Case 7940	22 yrs.	Tertiary syphilis. Several indolent ulcers on each leg. Had iodide of potassium for a week with no benefit.	Ulcers indolent and unhealthy, with no tendency to heal. Discharge somewhat foul.	Commenced taking cundurango Oct. 26th in dram doses of fluid extract four times a day. Shortly began to improve, granulations sprouted, and all the ulcers but two healed by the 18th day. The remaining sores then became stationary. Finding a cessation of the improvement, the cundurango was discontinued and iodide of potassium again given for three weeks without any benefit. He was then placed again on cundurango, and in four days showed fresh granulations and renewed improvement.
Case 7942	55 yrs.	Probably tertiary syphilis. The patient first had a kind of indolent boil in various parts of the body, followed by a half scaly, half scabby eruption, of an illy defined character. He took iodide of potassium, tincture of iron, sulphuric acid, etc., at different times, without benefit.	But little appetite; bowels constipated; eruption persistent; several boils in various places.	Commenced taking cundurango Oct. 25th. Soon improved materially; appetite increased, constipation disappeared, eruption subsided and the boils ceased to present themselves. Took the remedy twenty-five days, and was discharged nearly cured.
Case 7963	33 yrs.	Tertiary syphilis. Has taken no medicine previously.	An eruption exists over the body, with scattered scabs resembling those of rupia, but rather small, accompanied with itching.	Commenced cundurango Nov. 29th. Improved rapidly; the itching ceased, the scabs fell off, and the patient was cured in eleven days.
Case 7079	3 yrs.	This child had a bad lapus on the forearm, nearly encircling it, which was cured by repeated operations and cauteries. Soon after the healing, the cicatrix ulcerated again.	The new ulcer is indolent, about an inch in diameter, and after being treated a week or two refuses to improve. Bowels constipated.	Commenced cundurango Nov. 11th. In twenty-four hours there was an appearance of fresh granulations, and in ninteen days the ulcer was cured.
Case 7151	22 yrs.	Soft chancres. Had a suppurating bubo in the groin, the contagion of which had planted a crop of ulcers all along the pubes. Cauterized the ulcers.	Ulcers feeble, unhealthy and having few granulations. Appetite imperfect.	Ordered cundurango. Appetite improved; bowels as before. In six days (the latest observation) the granulations were found increased in quantity.
Case 7115	24 yrs.	Soft chancres which have existed fifty-five days; also a suppurating bubo.	Two soft chancres and one suppurating bubo, all of which were cauterized after lancing the bubo.	Commenced cundurango. Appetite improved; bowels as before. In five days the chancres commenced contracting without perceptible increase of granulations. Now (9th day), the healing process is going on finely.

TABLE I.—CONTINUED.

NUMBER OF THE CASE IN MY RECORD.	AGE.	DISEASE, HISTORY, ETC.	CONDITION AT THE TIME OF COMMENCING THE MEDICINE.	SYMPTOMS AND PROGRESS WHILE TAKING THE REMEDY.
Case 7084	40 yrs.	Forearm and hand ripped up by the horn of a bull, from the fingers to the elbow. Considerable sloughing. When it was almost healed, a renewed ulceration attacked the cicatrix, and in three days nearly the whole scar was again an ulcer.	Ulcer increasing in size. No granulations at all. Cauterized edges two days with nit. acid.	Ordered cundurango. Appetite increased. By the fourth day the granulations were sprouting and the enlargement of the ulcer was arrested. By the sixth day, the granulation was still more vigorous, and the ulcer contracting. Seventeenth day, nearly healed. The remaining spot proving obstinate, the dose was doubled, when the healing process was renewed and soon completed.
Case 7128	22 yrs.	Soft chancre and suppurating bubo. Bubo was lanced and cauterized, and mercury and iodide of potassium taken twelve days; carbolic acid washes, tincture of iodine, and powdered sulphur were successively used internally, without much benefit.	Chancre very slowly improving; bubo looking a little worse — more excavated perhaps.	Cundurango ordered. On the sixth day the ulcers showed marks of improvement. Bubo touched with nitrate of silver that day. On the tenth day the chancre was nearly healed, and the bubo so far improved that the patient was discharged as convalescent.
Case 7137	35 yrs.	Suppurating bubo; the chancre (caught four weeks ago) is now healed. Bubo not open. Had taken some unknown medicine.	Lanced the bubo and cauterized the interior. Carbolated water as a wash, and simple cerate dressing.	Cundurango ordered. Cavity began to heal at once, but more rapidly after the fifth day. Discharged on the fourteenth day, nearly cured.
Case 7141	28 yrs.	Indolent ulcer on the shin, not of large size, but of long standing. Treated eight months by the various usual methods, including skin grafting and afterwards a plastic operation by flaps. Case excessively obstinate and inert.	Ulcer indolent and a little increasing in size. Patient well nourished and reasonably vigorous. No perceptible reason for the indolence of the sore.	Cundurango ordered. Began to improve about the eighth day, and now (30th day) the ulcer is about one-half healed, and still improving.
Case 7144	9 yrs.	Hip disease in third stage. Discharging pus from several fistulas. Been on the use of tonics and local antiseptic dressings, and injections for ten months.	Has improved very slowly. Has nine ulcers, very sensitive to touch. System somewhat exhausted.	Ordered cundurango, and continue the antiseptic dressings. Appetite increased, bowels move oftener; gains flesh and color; granulations became abundant and the pus laudable. Now, at the thirty-eighth day from commencing the medicine, the general condition is excellent, the granulations almost superabundant, the soreness diminished, and the ulcers greatly reduced in size, but the fistulas not closed.
Case 7527	48 yrs.	Small indolent ulcer on the cheek, remaining after excision of a cancer. The ulcer itself showed no cancerous character.	The ulcer is flat, small and simply indolent, and not improving.	Ordered cundurango. Third day, granulating more freely; sixth day, granulations increasing; eleventh day, about half healed.
Case 7547	35 yrs.	Ulceration of cervix uteri and painful micturition.	Cervix swollen, and has an ulcer about an inch in diameter. Stomach irritable; bowels rather constipated. Frequent and painful micturition.	Six days before taking cundurango, cauterized with nitrate of silver, and prescribed astringent injections, with carbolated oil applied to the cervix on cotton; also tannate of quinia internally. Patient felt somewhat better. Changed to cundurango; continue local treatment. Tenth day after change to cundurango, the ulcer was about half healed; dysueria gone; constipation remedied; general condition improved. Fourteenth day, ulcer still further healing.

CUNDURANGO HAS NO EFFECT ON HARD CHANCRE.

The experiments on this point are not as numerous as is desirable, but so far as they go seem to show that neither hard chancre nor the earlier secondary eruptions are influenced by the medicine. The early stages of secondary syphilis are marked by a hyperplastic diathesis. The eruptions on the skin are of a dry and scaly character, and are the very opposite of the ulcerative pustules of the tertiary stage. Hence the capacity of the drug to produce granulations finds no ulcerative field on which to work. Yet in one case there existed a small abscess, accompanying the scaly plastic eruption, and in this instance, though the cundurango had no effect on the eruption, it produced an exuberant growth of granulations on the seat of the abscess (case 7958). I infer from this that, though early secondary eruptions are little affected by the drug, perhaps the ulcerations of the same stage might fare better.

The following cases contain all my experiments on hard chancre and early secondary syphilis:

Case 7135.—Exposed to contagion six weeks ago, from which he took hard chancre. Has had no treatment of any kind, and now presents himself with the chancre still existing, and a characteristic coppery eruption just commencing on his forehead. Ordered cundurango internally, and a simple astringent wash to the chancre. He took the drug twelve days, without in the slightest degree arresting the progress of the disease or modifying the chancre. I now abandoned the cundurango, and administered mercurials. In ten days after the change the eruption was disappearing, and the chancre healing. In seventeen days both troubles were so nearly cured that the patient was discharged. As he took the remedy only twelve days, it is not certain but he might have derived benefit from a more persevering use of it; but still in ulcers the effect is usually visible in less than ten days, and the tendency of the case is toward the idea that the drug has no effect on constitutional syphilis in the early stages.

Case 7958.—Contracted a small hard chancre six months ago, which healed on being sprinkled with calomel. He now presents himself with a copious eruption of dry, coppery papulæ with flattened, scaly summits. There is also a small abscess in the groin, and slight ulcerations of the throat. Lanced the abscess, and prescribed iod. potass. At the end of thirteen days no effect had been obtained, and cundurango was given with the other medicines. Ten days of this treatment produced no effect on the eruption, but there was a great exuberance of granulations in the seat of the abscess. The cundurango was now omitted, and the mercurials and iodide continued alone, which up to the present time have produced no effect.

In this case, it is evident that the cundurango had a positive effect on the ulcer left by the abscess, but none on the dry, plastic eruption. As in the previous case, the experiment was not continued long enough to be decisive. It is to be noticed, also, that the eruption equally resisted the mercurial.

Case 7550.—A week after exposure to contagion this patient presents himself, with three small chancres, which at first were soft, but subsequently two of them became indurated. Cauterized with nit. acid, and ordered cundurango internally and zinc wash locally. Third day, no improvement; fourth day, no improvement; seventh day, no improvement; eleventh day, begins to heal slowly. There is no apparent effect, therefore, on the ulcer. It is not yet possible to determine whether the drug will, in his case, prevent secondary manifestations.

These three cases of hard chancre and early secondary eruption are not enough to settle decisively the effect of cundurango in this stage of syphilis; yet they rather point to the conclusion that it has no effect on the primary *hard chancre*, nor on the *early, dry eruptions*, but nevertheless benefits secondary ulcers as it does the tertiary ones.

Tertiary syphilis consists essentially in the deposit in the tissues of that cacoplastic effusion which has a tendency to break down by ulceration, and whose feeble abscesses are often called gummy deposits. This deposit is chiefly found months or years after the con-

tagion, and from its late appearance its effects are called tertiary; yet there is no clear line of distinction between the secondary and tertiary stages, and it is probable that in many cases deposits identical with the tertiary commence to form during what is commonly called the secondary stage. If so, the remedy might cure many ulcers and eruptions in the secondary stage, though its chief usefulness were in the tertiary.

EXPERIMENTS ON CANCER.

I have been unable to produce the least effect with cundurango on the size and progress of cancerous tumors, although I have observed in some patients a great diminution of pain, a correction of the offensiveness of the discharge, and a magnificent tonic influence on the general system. Table II. shows the details of the cases, some of which were under my own care, and others were reported to me by reliable Chicago physicians.

From this table it will be noticed that in no instance have I seen any effect of the drug upon the growth and progress of a cancerous tumor, although I have generally observed a relief from pain, and often a remarkable improvement in the general health. Where the cancer had been removed with the knife, the cundurango exerted its usual powerful influence in the healing of the wound, as, for example, in case 6240. In short, cundurango has no power to arrest the cancer, but benefits the patient materially in other respects. I think this will be found to be the almost universal opinion of those who have tested its effects, both in this country and Europe.

Of exceptions to this rule I have found not a single one, but the following three cases have been communicated to me by letter from persons whom I do not personally know. The first two were given me in a private letter by Dr. H. Chiribaga, Surgeon-in-Chief of the Army of Ecuador.

Case 1.—Cancer of the tongue. Cured by cundurango without operation.

Case 2.—Cancer of the right breast; not ulcerated. Under the use of cundurango it disappeared by resolution.

The remaining case occurred in Buffalo, and is given by another writer as follows:

Case 3.—Cancer of the breast. Removed three times by operation, and always returned. At the last return it attained a diameter of three inches, and was quite hard. Cundurango was then commenced, under the influence of which the tumor is said to have become resolved, and to have disappeared in six weeks.

Never having seen these patients, I am unable to say whether the diagnosis was correct, or whether the progress of the cases is correctly stated. Dr. Chiribaga, of Ecuador, however, sustains such a high and honorable character that his observations must have great weight; yet if the patients he saw were not under his own daily care, he might have been mistaken about the diagnosis. At any rate, I have been unable to find any cases of cancer cured by cundurango in or around Chicago.

The conclusions to which our experiments lead seem obviously to be as follows:

1. Cundurango has no equal in the materia medica in its power to increase the growth of granulations, and hasten the cicatrization of ulcers.

2. As a corollary of this proposition, it seems probable that not only external ulcers, but chronic abscesses and some fistulas, may be benefited by it. It may improve lumbar abscesses, for instance.

3. It probably may prove a valuable adjuvant to the treatment of ulcers of the nasal passages, of ulcerative cavities in the lungs, of ulcers of the mucous membrane, of the bowels, of the cervix uteri, etc., and possibly of all ulcerative and pustular skin diseases.

4. The growth of granulation cells is the same process, whether seen on the floor of an ulcer, around a fractured bone in the form of a provisional callus, or in the plastic effusion which glues together the lips of a wound healing by first intention. It is probable, therefore, that cundurango, given as preparatory treatment, may greatly favor the success of cutting operations; and administered after surgical accidents, may promote the union

of fractured bones, and the healing of open wounds and burns.

5. Cundurango acts favoraby in soft chancre (after cautery), and on the ulcers and eruptions of tertiary syphilis.

6. My experiments on hard chancre are not yet extensive enough to be decisive, but, as far as they go, they tend to the idea that cundurango has no influence on hard chancre, nor on the earlier eruptions of secondary syphilis.

7. The remedy has not produced, under my observation, any effect on the growth and progress of cancerous tumors. It however often diminishes the pain and the discharges, and, if the tumor has been excised, hastens the healing of the wound.

8. Cundurango generally increases the appetite, diminishes constipation, and acts on many patients as a very powerful general tonic.

No. 6 Sixteenth street, Chicago, Ill.

TABLE II.

CASES OF CANCER TREATED BY CUNDURANGO.

NUMBER OF THE CASE IN MY RECORD.	DIAGNOSIS AND HISTORY.	CONDITION AT THE TIME OF COMMENCING THE MEDICINE.	SYMPTOMS AND PROGRESS WHILE TAKING THE REMEDY.
Case 6713.....	Soft cancer of the thigh.	Tumor is just below Poupart's ligament, four inches in diameter; not yet open; not much cachexy present.	Took internally a mixture of fluid extract cundurango, Fowler's solution and carbolic acid. A florid rash appeared on the skin with a prickly sensation Free sweating for two hours after each dose. Tumor not benefited. It soon opened, and patient died in about sixty days.
Case 7482.....	Scirrhus of left breast of nine years' standing. Commenced ulcerating two years ago.	Tumor hard; shooting pains well marked; ulceration indolent; no perceptible cachexy.	Cundurango externally and internally. The shooting pains ceased and changed to a steady aching and tenderness. Discharge increased in quantity and more like healthy pus. She at first thought the tumor decreased in prominence, but after taking the remedy over two months, could perceive no essential change.
Professor Byford's Patient.	Cancer of the cervix uteri.	Ulcerated.	Took cundurango about three months with no effect on the tumor. The medicine somewhat irritated the stomach.
Professor Byford's Patient.	Soft cancer of the uterus.	Scarcely at all ulcerated.	Took cundurango a number of weeks with no perceptible effect.
Case 6232.....	Scirrhus of the rectum of two years' standing.	Tumor ulcerated, tender, painful; discharges foul.	Ordered cundurango. Second day after felt better as to pain. Seventh day, continues to improve in feelings; discharge abated and less offensive. Tenth day, more pain; twelfth day, easier again; twentieth day, examination showed the tumor unchanged, patient weak, but the pain is much diminished; there is also more appetite and better color in the face; twenty-sixth day, appetite better, tumor unchanged; twenty-eighth day, increased pain and discharge; thirty-fourth day, ditto; seventieth day, no better, discouraged, and stopped the medicine. Six months later the tumor was somewhat increased in size. Ordered cundurango, galium aparine, and arsenite of potash in mixture. Nine days after felt relieved; twenty-one days, the tumor has closed the anus, rendering an operation necessary to relieve the intestines. Five months later still, the tumor extending up to the rectum. Has taken no cundurango for some months; gradually wearing out. Ordered a mixture of cundurango, galium aparine and Fowler's solution. The ninth day after was improved in his feelings, but the growth of the tumor was not arrested then nor at any subsequent time.

TABLE II.—CONTINUED.

NUMBER OF THE CASE IN MY RECORD.	DIAGNOSIS AND HISTORY.	CONDITION AT THE TIME OF COMMENCING THE MEDICINE.	SYMPTOMS AND PROGRESS WHILE TAKING THE REMEDY.
Case 6239.....	Had scirrhus of right breast seven years.	Tumor indolent and slowly ulcerating.	Ordered cundurango. Sixth day, pain diminished; sixteenth day, has continued to feel more comfortable until to-day, when there is increase of pain again; twenty-first day, easier again; twenty-eighth day, still more free from pain; tumor not perceptibly changed.
Case 6240.....	Soft cancer of the breast. This case was subject to sloughing inflammation on slight causes. Once the insertion of a lancet caused the whole mass to slough out, but the growth returned.	Patient took a journey by railroad to a distant city, to be treated by cundurango. The jarring of the cars (probably) caused a renewed sloughing, with hemorrhage. The surgeon therefore excised the tumor.	Commenced cundurango sometime before the operation, and continued it eight months. The wound commenced healing with remarkable facility and vigor, as I am informed, and the patient felt better than for years; fifteenth month, there remains a very small unhealed spot, but no appearance of return of the cancer. General health greatly benefited.
Case 7557.....	Tumor of thirty years' standing. Been removed three times, and always recurred. Tender and has some shooting pains. It is very doubtful whether this is really a cancer; it may be a fibrous tumor.	General health moderate; some dyspepsia; tumor painful and somewhat tender.	Commenced cundurango and took it fifteen months in double doses. Dyspepsia was cured; general health became very vigorous and all pain and tenderness left the tumor, but its gradual enlargement has not been arrested, and it is still slowly growing. The remedy has affected this patient as a magnificent general tonic.
Professor Powell's Patient.	Soft cancer in the neck.	Not stated.	Commenced taking infusion of cundurango prepared according to directions in circular accompanying the medicine. It was continued four months without diminishing the pain or checking the growth of the tumor. Patient has since died of the disease. The article used was obtained from Washington.

EXCISION OF INFERIOR MAXILLA.—J. Lizars Lizars, M. D., of Toronto, Canada (*Canada Lancet*, Oct., 1872), describes a case of excision of the inferior maxilla for an enlargement of this bone, extending from about one inch below the zygoma to a line perpendicular from the angle of the mouth, in a man aged 37 years, which was performed as follows: One straight incision was made from the angle of the mouth towards the upper part of the lobe of the ear, as far as the posterior margin of the ascending ramus of the maxilla, the periosteum of the jaw, the masseter, and that part of the temporal muscle attached to the outer and lower part of the coronoid process being denuded by the handle of the scalpel and fingers. The internal maxillary artery was avoided. The proximal end of the facial and inferior dental were the only arteries requiring ligature, a few smaller branches being arrested by torsion. In this case paralysis and salivary fistula were completely prevented.

In speaking of the modes of operation, he inquires which is preferable, a simple scar across the cheek and full power of all the muscles of expression, or a scar which must show more or less a staring eye, a mouth dragged to one side and devoid of play, with probably a constant dribbling of saliva from one corner of it? He most firmly believes that every man or woman of ordinary sense would prefer the former.—*Medical Record.*

CHLOROFORM ADMINISTERED DURING SLEEP.—It has been denied by some prominent scientists, that chloroform can be successfully administered to persons sleeping for the purpose of robbery. We have never doubted the possibility. A case in point is stated in the London *Lancet*, though robbery was not the purpose. Dr. Whitmarsh was about to circumcise a very nervous boy of six years, and finding him asleep, he caused him to inhale chloroform in ten drop doses, until he was completely anæsthetized. The operation was then performed, and the boy waked half an hour afterwards. Dr. Whitmarsh suggests that advantage might be taken of this procedure in nervous persons, who, when awake, often require large, and possibly dangerous quantities of the anæsthetic to overcome the mental tension.—*Pacific Med. Jour.*

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, January 15th, 1873.

EDITORIAL.

LEGALIZING DISSECTION.

The season for the assembling of the Legislature of this and other States, reminds us of the fact that we are yet without legal provision for the study of human anatomy, or even for the procurement of sufficient subjects on which to demonstrate the more important operations of surgery. That the necessities and sufferings of every community imperatively require the services of physicians and surgeons of intelligence and skill, is a proposition too plain to require either illustration or argument. That a thorough personal study of all the tissues and organs in the human body is absolutely essential to constitute either, is also a self-evident truth. That such study can be carried on efficiently in no other way than by actual dissection, is equally obvious to every intelligent citizen. There is not a member of the Legislature, nor a man or woman in the community, who would be willing to employ a surgeon to tie a bleeding vessel or set a broken limb for themselves, who had never actually seen the vessel he proposed to tie, or examined by actual dissection the joints to be replaced.

And yet, even to the present time, the laws of this State not only make no provision by which the medical colleges in the State can get the *materiel* necessary for the professors and students to dissect, but they throw every possible obstacle in the way, and exhibit much greater care for the body of a dead pauper or criminal than for the health and lives of the living citizens. It is fully acknowledged by legislators and all intelligent citizens, that the study of anatomy and surgery by dissections is absolutely necessary to fit any student for the practice of medicine and surgery. Then why not at once so modify the laws of the State as to make adequate and proper provision for supplying the medical schools and teachers with the *subjects* they need, instead of compelling them to violate law and encounter personal danger, or submit to burdensome pecuniary sacrifices in inducing others to do so? Suitable and proper laws legalizing dissections and providing for the needed supply of *subjects*, have existed for many years in Massachusetts and New York, and the same have been more recently passed in Michigan, Iowa and several other States. This has effectually stopped all attempts to invade the cemeteries in those States, and enabled their medical schools to obtain an abundant and cheap supply of *materiel* for legitimate use. This gives the medical schools in those States a decided and important advantage over those in States where no such laws exist. Let the members of the profession throughout this State immediately communicate with the members of the Legislature in their respective districts, and urge upon them the necessity of passing a law similar to those enacted in other States on this subject, early during the present legislative session.

"THE LENS;"

A QUARTERLY JOURNAL OF MICROSCOPY AND THE ALLIED NATURAL SCIENCES.

We wish to call the attention of our readers to the fact that a periodical with the above title is published in this city, under the auspices of the State Microscopical Society of Illinois. It is published quarterly, and has just completed its first year. A new volume commenced the present month, and consequently now is a good time to subscribe. It is published in good style, each number containing sixty-four pages, on good type and paper, and is embellished with from one to three engravings or plates in each number.

It is edited by S. A. Briggs, Esq., aided by a publishing committee.

There are but few journals devoted direct-

ly to the promotion and diffusion of a knowledge of microscopy published either in this country or in Europe, and hence it is all the more desirable that *The Lens* should be extensively patronized by the cultivators of science generally. At the present time there is no branch of medicine, or of the natural sciences, that does not receive important aid from microscopical investigations. That our readers may judge more accurately of the character and value of *The Lens*, we copy the list of articles in the last number of the year 1872.

The Preparation of Diatomaceæ, by Christopher Johnson, M. D.

Reply to Dr. Lionel S. Beale, J. J. Woodward, M. D.

Draw-Tubes *vs.* Deep-Eye-Pieces, by Chas. Stodder.

The Cell. By I. N. Danfurth, M. D.

The Flora of Chicago and Its Vicinity. By H. H. Babcock.

Microscopic Memoranda for the Use of Practitioners of Medicine. By J. J. Woodward, M. D., U. S. A.

The Bailey Collection of Diatomaceæ in the Museum of the Boston Society of Natural History. By Prof. H. L. Smith.

Note on the Frustulia Saxonica as a Test of High-Power Definition. By J. J. Woodward, U. S. A.

Some of the Diatomaceæ of Upper Lake Huron and the Sault. By S. A. Briggs.

Besides these original articles, there are fifteen pages filled with interesting items, gleaned by the editor from various sources.

The Lens is published at $3 per annum. Subscriptions and other business matters may be sent to O. S. Wescott, 408 Wabash avenue, Chicago, Illinois.

NEW YORK STATE MEDICAL SOCIETY.—The next regular annual meeting of the Medical Society, of the State of New York, will be held at Albany, commencing Feb. 4th, and continuing three days. This is one of the oldest and most efficient State medical societies in the country, and the coming meeting will be one of interest.

Gleanings from Our Exchanges.

DIFFICULTY IN DIAGNOSIS OF TUBERCULAR MENINGITIS.

Dr. Peter (*Jour. de Med. et Chir. Prat.*) says that meningitis is a pregnant source of error in diagnosis, and we ought to be on our guard against such. Thus, a patient entered hospital under violent delirium, which had burst forth without any warning, and the diagnosis was made *delirium tremens*. Yet the autopsy showed that the patient had tubercular meningitis. Generally, tubercular meningitis commences with pain, convulsion, strabismus, etc., all its symptoms in a word, whilst the intelligence is intact. Here the contrary had taken place, because the patient was a confirmed drunkard, and that, when the cerebral lesion came on, it had changed his disease into delirium tremens. In these difficult cases for diagnosis, it is important often to look to one symptom, to the antecedents, and to study closely the whole of the phenomena; if in doubtful cases we arrive at finding a meningeal ailment, we have a great presumption gained.

Sometimes the commencement of the disease is marked solely by repeated vomiting, without elevation of pulse, or any other symptom. We then inevitably think of indigestion, and the error is only dispelled by the progress of events. A child, æt. 18 months, was attacked with retention of urine, and remained forty-eight hours without micturating. This was not a case of anuria of infants with fever, for the bladder became distended, and was emptied by the sound. There was true constipation of the bladder present. M. Peter, called in in twenty-four hours, found that the child — offspring of a delicate mother — was crying in a peculiar way, whilst its face was covered with a blush. The "cerebral spot" could be made to appear, although ill-marked, and there was a very feeble convulsive shock. He made the diagnosis of tubercular meningitis, which was soon justified by the termination of the disease.

On another occasion he was called to the neighborhood of Paris, for a child convalescent from measles. The left side of the body had one day commenced to be palsied, without signs of apoplexy, and in twenty-four hours the palsy was progressively completed. However unaccustomed the commencement appeared, in the absence of all possible supposition, and in view of the antecedents, finding the child delicate, M. Peter thought of meningitis. The abdomen was retracted, and

he noticed a well-marked mark of meningitis. He decided for a tubercular meningitis, and attributed the hemiplegia to accumulation of tubercular granulations at one point of the base of the brain having caused a small ficus of softening. In fact, soon the collection of symptoms developed themselves, and the child died with all the signs of cerebral meningitis.

Although constipation is an almost constant symptom, it may be wanting. M. Peter was called to a delicate child, æt. 3 years, who had been somnolent for some days, and attacked with abundant diarrhœa. The state of coma was so profound that when the child was shaken it did not move. M. Peter diagnosed tubercular meningitis, in spite of the diarrhœa. We may consider the disease for some days as tubercular peritonitis. The child fell away rapidly, its cries became more characteristic, and the meningeal spot could be noticed clearly with cutaneous hyperæsthesia. One day convulsions with irregular pulse supervened, and death with epileptiform attack.

This short collection of unusual cases shows the necessity of grouping any symptoms which are noticed. In this case, the meningeal stain, which is provoked by scratching with the nail the skin of the abdomen, chest, or limbs, and which persists pretty long after the scratch, becomes a symptom of importance. Taken by itself, its value is infinitely lessened.—*The Doctor.*

Relation of Bad Smells to Disease.—Some months ago an item appeared in this journal (*Pacific Medical and Surgical Journal*), headed "Needless panic about sewers," presenting a remarkable instance of the innocuousness of sewer effluvia. Our New York correspondent—the one who hates tobacco—takes up the matter with his usual vim, as follows:

"Needless panic about sewers" is too positive for an obscure case. Open to argument, agreed. But you *do n't know enough* to justify a dogmatic statement. Those fellows who worked in the sewers, did n't *sleep* in 'em. Men at work are always perspiring—*throwing off*, and therefore impervious to attack, in a general way. Arsenic diggers live long in mines, and eat arsenic. That do n't prove that arsenic and its fumes won't kill people—does it? In some states of the atmosphere, even the little waste holes in our chamber basins, let up such a horrid stench that the room is intolerable. I have frequently cured, or stopped it, by pasting paper over them. Are not people made sick with the smoke of tobacco? What *is* stench? Who knows? Do n't sewers give out a malarious vapor? In southern Indiana people do n't go out after sundown in summer, because ague follows *sure*. What's that? I would rather risk advocacy of the poisonous or deleterious character of all foul odors *a priori*, than the other side. Science and purity must accord here, I think. Some people get sick with the odor of apples. The "rose fever" or "hay fever" is quite common—comes on with some on the 28th day of July, and never fails on *that day*. Dr. Mason, scientific man near me, has the hay fever now, which, however bad, disappears as soon as he gets on the water in a ferry-boat, and returns when he touches the land. I have no doubt that there is a specific poison to many lungs in the exhalations of our sewers—quite independent of the mere displacement of wholesome air. Anyhow, it strikes me that the *Journal* commits itself in an unscientific manner. Some big landlord of a sewer district has paid a doctor for a special evidence, which, to my mind, proves nothing. I believe it is the theory of all our best physicians here, that all putrid exhalations are unwholesome *in*halations, and therefore in degree poisonous. The same argument suggested by the *Journal* would prove tobacco and rum innocuous—or, at least, it squints so, or it seems to squint so, or it seems to seem to squint that way.

Atropia in Night-Sweats. — Dr. J. C. Wilson, in the Philadelphia *Medical Times*, calls attention to the efficacy of atropia in arresting the night-sweats of phthisis, in doses of one-sixtieth of a grain once or twice a day. It was promptly successful after the failure of sulphuric acid, tannic acid, oxyd of zinc, and other remedies. Dr. Sidney Ringer also furnishes similar testimony in the *Practitioner*, he having injected it in the skin in doses of the hundredth part of a grain. Dryness of the fauces and dilatation of the pupils result from a continuance of the treatment.—*Pacific Med. Jour.*

Population of the Globe.—There are on the globe 1,288,000,000 souls, of which 360,000,000 are Caucasians; 522,000,000 are Mongolians; 190,000,000 are Ethiopians; 176,000,000 are Malays; 1,000,000 are Indo-Americans. There are 8,642 languages spoken, and 1,000 religions. The yearly mortality of the globe is 42,043,000 persons. This is at the rate of 115,200 per day, 4,800 per hour, 80 per minute. Among 10,000 persons, one arrives at the age of 100; one in 500 attains the age of 80; one in 100 to the age of 70. In 100 persons, 95 marry.—*Medical Record.*

MEDICAL INSTRUCTION FOR WOMEN IN RUSSIA.—Next January a special course of instruction for midwives will be commenced at the Imperial Academy of Medicine and Surgery at St. Petersburg. Applicants must not be under twenty, and, if still under the authority of parents, must present the written consent of the latter. They will be submitted to a preliminary examination, especially with reference to their knowledge of mathematics, within the limits of instruction in the gymnasium for young girls, their intellectual development, and their knowledge of Russian. The object of the course is to prepare trained midwives to give necessary medical assistance to parturient women, and to treat diseases of women and children. The course will last four years, and the fees will be fifty roubles per annum.

AMAUROSIS CURED BY ELECTRICITY.—Dr. Ramorino (*La Nuova Lig. Med.* No. 26) says that he has cured in his eye dispensary in Genoa, with three applications of the electric current, a youth of 25, a mason, affected with anæsthesia of the retina of the right eye, after a blow from the point of an umbrella.

A NEW SCOTCH LUNATIC ASYLUM.—Glasgow, Barony Parish, Scotland, is to have a new lunatic asylum, costing about $300,000. The grounds comprise 176 acres, of which some twelve acres will be covered with buildings.

ELECTRICITY AS A MEANS OF RESUSCITATION.—Allan McLane Hamilton, M. D., New York (*Am. Practitioner*, Oct., 1872), in a paper on this subject, speaks of the following results arrived at from his own practice and experiments: 1st. That it is useless to expect good results if five minutes have elapsed since life appears extinct. 2d. That the current should be applied faithfully and steadily, one pole being placed on the ensiform cartilage, the other on the base of the skull or over the tracks of the great nerves of the neck. 3d. That the faradic and interrupted galvanic currents are the best. 4th. That the current should be applied some time after respiratory movements have become regular.

In concluding, the author says: The necessity of having a battery within reach is apparent. Every practitioner should have a small one for emergencies. They should be kept at each life-saving station on the coast, ready charged, with directions for immediate use. If this were done, he doubts if the percentage of deaths would be so great as it now is. Artificial respiration by the production of muscular movements is a very valuable means of restoration; but a force that acts directly upon the nerves supplying the muscles of respiration, is by far the surest and best.

ANÆSTHETICS.—According to John Morgan, M.D., F.R.C.S.I., Surgeon to Mercer's Hospital, Dublin (*British Med. Journal*, October, 1872), the ratio of deaths following the employment of anæsthetics is as follows:

Agents Employed.	Deaths.	Inhalations.
Ether, - -	4 to	92,815, or 1 in 23,204
Chloroform, -	53 to	152,260, or 1 in 2,873
Mixture of Chloroform and Ether,	2 to	11,176, or 1 in 5,588
Bichloride of Methylene, -	2 to	10,000, or 1 in 5,000

THERAPEUTICAL APPLICATIONS OF EUCALYPTUS GLOBULUS.—At the last meeting of the San Francisco Medical Society, Dr. Pigne-dupuytren said he had used the eucalyptus in the French Hospital for a year, during which time many interesting results had been noted. In March last, a hundred of the small trees had been planted on the Hospital grounds. They had now reached the height of seven feet. He related the following cases:

A man had arteritis of the leg, succeeded by gangrene, which extended so high up as to render amputation impossible. In two weeks a large ulcer resulted, whose odor was horribly fetid. Everything in turn was employed to destroy this odor, to no effect. At last a decoction of eucalyptus was resorted to, and, without exaggeration, in five minutes all fetor had disappeared. The decoction continued to be used with the same effect until death occurred, two or three weeks subsequently.

Another man, who had been under treatment in the Hospital for two months, with extensive, deep ulcer from varix, of a year's duration, had the decoction applied to the ulcer three times a day, with remarkable effect. In five or six days the ulcer was entirely covered with healthy granulations, and in a month it was entirely well.

A woman had been troubled for many months with an ulcer around the orifice of the urethra. It was cauterized five times with no result. After twelve days' use of the decoction of eucalyptus, washing thrice daily, it was well.

Four cases of syphilitic chancres healed under the eucalyptus dressing in five or six days, without other treatment. These were very recent cases, or constitutional treatment would have been resorted to.

He had but one case of intermittent fever to report. This had proved rebellious to

quinia, and also to arsenic, which latter had been administered for two weeks. A three weeks' course of the eucalyptus cured entirely.

So numerous were the cases of bronchitis cured with the drug, that it was hardly worth while to mention them. A syrup made by adding sugar to the decoction, and evaporating, was here preferred.

The decoction was made by boiling twelve large leaves (green) in a pint of water down to one-third. The tincture was prepared from the dry leaves.

Dr. Pigne-dupuytren added that he now always prescribed quinia in the infusion of eucalyptus, and considered such combination of great efficacy.—*Pacific Medical Journal.*

THE ETHER AND CHLOROFORM CONTROVERSY.—Within the last year the number of deaths from chloroform has increased so alarmingly as to excite a more extensive hostility to its use than has ever before existed. The movement is simultaneous in Great Britain, on the Continent, and in America. M. Diday, of Lyons, in addressing the editors of the *Gazette Hebdomadaire*, refers to three deaths reported in a single week by the London *Medical Press*, and contrasts this experience with that of Lyons, where ether was substituted for chloroform many years ago, and where the profession are well satisfied with the change, and their patients still more so.—*Pacific Med. Jour.*

Book Reviews.

The Pathology, Diagnosis and Treatment of Diseases of Women, including the Diagnosis of Pregnancy. By Graily Hewitt, M. D., L. and F. R. C. P.; Second American from the Third London Edition, Revised and Enlarged. Philadelphia: Lindsay & Blakiston.

This treatise is already well and favorably known to the American profession. It forms a volume of 740 pages, numerously illustrated. As regards this present edition, the author states in the preface that "It contains certain generalizations on the important questions of the pathology of diseases of the uterus, which have forced themselves on his attention in the course of several years' experience, and which involve the adoption of views in reference to the pathology and treatment of the diseases of the uterus which are new as compared with those embodied in the early editions of this work."

The mechanical system of uterine pathology now put forward is not, the author claims, a mere speculative theory. "If I had published it," he says, "when I first conceived it some years ago, it would have been a speculation only; but the system as now enunciated commends itself to my judgment as true, inasmuch as I have found it in conformity with daily observations for five or six years past. In support of these doctrines I have thought it expedient to embody the series of observations made by myself on the subject of the Diseases of Women at University College Hospital, during a period of over four years. These observations impart a clinical character to the work, which may be useful from other points of view."

These changes and additions which have been made, as well as the general rearrangement of the whole subject matter, render this new edition an essentially new work.

A Treatise on Diseases of the Nervous System. By William A. Hammond, M. D. Third Edition, with Additions and Corrections. New York: D. Appleton & Co.

The fact that this third edition of Prof. Hammond's valuable work has been called for within a year of its first issue, is the best possible evidence of the universal favor and appreciation with which it has been received by the profession. In the present edition the text has been thoroughly revised and a few additions made. The volume now comprises 750 octavo pages, illustrated by forty-eight well-executed engravings. As a thorough and complete treatise on the diseases of the nervous system, it occupies a field of its own, and forms an invaluable, indispensable addition to the physician's library.

MONEY RECEIPTS.—We acknowledge remittances received from Drs. L. D. Humphrey, J. M. Cole, C. O'Brien, W. L. Kreider, A. B. McCandless, F. Merriman, D. C. Roundy, E. W. Capron, J. R. Doig, A. L. Bartlett, H. H. Clark, G. W. Morrill, L. B. Cowles, J. H. Smith, I. N. McLane, V. H. Coffman, J. R. Webster, B. R. Helmes, J. F. Kelsey, W J. Fairman.—Jan. 8th, 1873.

Original Communications.

TWO UNUSUAL CASES.

REPORTED BY IRA MANLY, M.D., MURKEZAN, WISCONSIN.

Case I.—A girl about sixteen years of age, well developed, and fine-looking. As the age of puberty came on she began to be affected with monthly periods of great pelvic distress, but without any menstrual flow. On examination, I found a soft tumor closing up the vagina at the middle portion.

Prof. E. Andrews, of Chicago, being called, punctured the swelling with a trochar, in August, 1865. A large quantity of retained menstrual fluid, of a black color and a tarry consistency, flowed off. The obstruction to the vagina was above the hymen, and thin and membranous. It was incised freely both ways, and a dilating influence kept up for some time by a steel instrument made for the purpose, in the form of a glove-stretcher. In spite of all this, there was formed a firm stricture, whose orifice was not larger than a penholder. Meantime the patient married, and seven years after the operation was delivered of a living child, without special difficulty, the parts dilating spontaneously, so that the stricture was only perceptible by a slight roughness after the delivery.

Case II.—Mrs. ——, aged fifty-four years. In 1863 I amputated a breast for a tumor, the character of which, by previous examination, Dr. Andrews thought would justify the proceeding. Eighteen months since she was attacked with sciatica. The kidneys and bowels performed their functions regularly, and I could find no inter-pelvic cause for the difficulty, and treated on the general plan. She became so well—though I think she was never without some disability in locomotion, and pain—that I did not see her till last December, at which time there was great disability in locomotion, and constant pain inside as well as outside of *both* thighs; general hyperæsthesis of abdomen and lower extremities; bowels constipated, and stomach delicate, and an irregular recurrence of vomiting (this I am inclined to attribute to the use of anodynes). Defication occasions great pain; but I can feel nothing wrong in the bowels or rectum. Notwithstanding the length of time since the breast was removed, I have, of course, looked for a recurrence of the cancer. Three years since, she was complaining that there was a little dullness of the lungs, and indistinctness in the murmur, but it cleared up; they are now entirely well.

The uterus admitted the sound two and a half inches; no misplacement; os healthy; some tenderness on pressure seeming to be connected with the general hyperæsthesis. This soon subsided after wearing a pledget of lint at the os saturated, with bell. ext. and sol. iod. pot.

The patient was stout, and the abdomen pendulous and thick; manipulations external unsatisfactory; could obscurely feel a very small tumor in right inguinal region; suspected hypertrophy, or possibly malignant disease of the ovary—but on the theory that it is related to the diseased breast. The length of time makes me very doubtful of this view of the pathology. Since May, this patient has had anasarcous legs, for which I am not able to account; the bowels are very tympanitic, and so great and long-continued is the pain from any manipulation, that I have not been able to examine sufficiently to say that there is not at present inter-pelvic pressure on the blood-vessels, that causes the effusion.

I have treated the case empirically; hoping it to be functional, have kept her for several days on large doses of bark. Gave largely, for a considerable time, iod. and brom. pot., iron, etc., etc. Farradism aggravated the pain. Have exhausted counter-irritation and endermic remedies, and finally have been driven from every medical appliance, except the hypodermic use of ½ gr. morph. every two hours; and what surprises me is that my patient is worn out and dying, and still I have no definite notion of the pathology of the case.

September 23d.—After writing the above, I learned that my patient, whom I had not seen for some time, was rapidly failing, and I retained it, hoping to get light on the pathol-

ogy. I had a post-mortem examination on the 10th inst., but have been so much occupied that I could not sooner report the result.

As I approached the body, the extreme shortness of the abdomen made me suppose that the women had failed to remove the clothing, as I had directed; but on examination found the ribs shut down within the illiac crests.

The lungs were entirely healthy, except a few slight adhesions. The heart, thin and fatty, weighed eight ounces; liver completely studded with *cancer*, but tucked up under the edge of the ribs, so that it could not have been felt externally; stomach very thin and translucent; veins very large; cardiac and pyloric orifices perfect; pancreas and spleen healthy; kidneys large, but healthy; intestines the same.

Nothing wrong with uterus; left ovary as large as a bean; right, size of a large hickory-nut.

The spine, from the eighth dorsal vertebræ had an unusual curvature anteriorly, as though it had been forcibly bent, putting the attenuated ligaments on the stretch, so that the rough edges of the bodies could be felt, ready to be forced through. The *processes* were sound, as well as the bodies, so far as superficial dissection could detect. Did not cut down on the cord.

The shape of the spine accounted for the position of the ribs, and shortening of the abdomen.

I cannot say that the distortion of the spine was a pathological condition. She was so fat when I made my inspections, in the early month, that the position of the ribs might have been overlooked.

She had two very bad bed sores, for which I was not entirely to blame, as she steadily refused to lie on an air-cushion; but the pain was no greater after than before this occurrence.

The spinal curve was probably a position instinctively assumed to avoid painful traction upon some of the ligaments or other tissues in relation with the liver. The hyperæsthesia may have been from the irritation of the great sympathetic nerves, transmitted to the spinal cord by the communicating branches.

CASES OF FEVER, WITH DESTRUCTIVE PAROTITIS.

BY J. F. KELSEY, M.D., OF PESHTIGO, WIS.

I have had during my practice two cases which at the time I considered of peculiar importance. Inasmuch as I never had seen any recorded cases like them, and believe that they are in no wise common, I will make the statement in general terms, hoping not only to elicit discussion but that it may be the means of throwing some light upon any which shall be at this time, or any future period, placed in the same position as I have been myself.

Case I.—In the spring of 1866, while practicing in Albert Lee, Minnesota, I was called to see J. E. Smith, then county treasurer of Freeborn county, who was laboring under a severe attack of bilious pneumonia, involving the liver and right lung only. It was of such severity that his recovery was considered doubtful until about the end of the first week of the disease. He then commenced to improve, but after three or four days the right parotid gland became very painful, swelled and inflamed, in consequense of the mumps setting in at this time. There was an epidemic of this particular malady in the neighborhood, and his own children—three of them—were having the disease—the youngest of which slept with him during the early part of his sickness. The swelling and inflammation continued, until it involved nearly the whole side of the face, closing the right eye, etc., when suppuration took place, the abscess pointing under the lobe of the ear, near the angle of the jaw. I then lanced it, evacuating at least two fluid ounces of pus, of a dark green color. I was then in hopes that the abscess would readily heal, and my patient get better; but in this I was disappointed. The suppuration continued, my patient got worse, with strong symptoms of pyæmia. I became alarmed. I injected the

cavity with a solution of carbolic acid and tincture of iodine, as strong as my patient could bear it. Having no other guide for the strength of my solution, I used it mornings and evenings for two days, when a portion of one of the lobes of the gland made its appearance at the opening of the abscess. I managed to remove it with my forceps and scissors, cutting it away in pieces, as best I could. Following up the injections, I managed in the course of three or four days to remove the entire gland in the same manner. It left a free, open cavity, the opening being the size of a ten cent piece. Looking down upon the carotid artery at its bi-furcation, displaying at full view the external and internal branches, the sight was truly beautiful. The dissection was complete, nature having done her work as no scalpel in the hands of man could have laid bare this delicate region in such a manner. The silvery-coated artery, for the space of an inch and a half, had been stripped of its surrounding tissues, and lay there, seemingly unharmed, sending the life-giving fluid along in its continued circulation. From this time he readily convalesced, only losing the use of the facial nerve, which produced an awkward appearance of the face when laughing. His treatment was tincture of iron and quinine, given internally, all that the system would tolerate.

Case II.—Peshtigo, Wisconsin, August 16th, 1872: Called to see a patient of Dr. G. R. Bartram, who had given him up to die—Joseph Martin, aged 19; Irish; a native of Canada; laboring under typho-remittent fever; at the end of the third week of the disease, presenting the following conditions: Patient much emaciated; skin hot and dry; pulse 90 per minute; hurried breathing; lips thin and retracted, dry and parched; sordes upon the teeth; tongue coated with a dark brown fur; edges and tip red, but still maintained a little moisture; abdomen slightly tympanitic, with diarrhœa, having from four to twelve evacuations during the twenty-four hours; countenance anxious; the mind wandering and delirious at times, with considerable deafness; both parotid glands badly swollen, red and painful, with marked symptoms of suppuration. The inflammation was supposed to be erysipelatous, by Dr. Bartram, who said that it had commenced upon the side of the nose, and spread to the glands three days before. As he had been taking largely of tincture of iron and the sulphite of soda, I concluded that it might be irritating the alimentary canal too much; so I gave for the diarrhœa the following, in teaspoonful doses, every four hours: Sulph. magnesia, ʒ ii; Tinct. opii, ʒ ii; arom. sulph. acid, ʒ i; mint water, ℥ ii.

And for the object of maintaining the tonicity of the nervous system, as well as the functions of assimilation and conversion of food into good, healthy tissue, thereby assisting in the elimination of the morbific matters already circulating in the blood, I gave the following, in teaspoonful doses, every six hours, alternated with two grains of quinine: Nitric acid, ʒ i; strychnia, gr. ii; simple syrup and water, aa ℥ ii.

August 17th.—Patient more rational; takes more nutriment, chiefly milk; pulse 80 per minute; diarrhœa checked; parotids still badly swollen, and painful; very deaf, with a thin, bloody discharge from both ears; inject and wash them out with warm soap suds; also bathe the upper and lower extremities; quinine and strychnine solution continued.

August 19th, 10 A. M.—Patient complains of great pain in the jaws and ears; had a restless night; discharges the same; abscess pointed under the lobes of both ears; lance them, and evacuate about two ounces of dark green-colored pus from each abscess, and inject the cavities with a strong solution of carbolic acid and water, the injections passing readily out through the ears, thus showing a direct opening from the abscess through the external canals of both of them. This had the effect to relieve the pain and fever somewhat. Saw him again in the afternoon. The discharge was very great. After removing all of the pus that I could, I discovered small shreds of the gland appearing at the opening of the abscesses. By careful manipulation, with a small pair of forceps

and scissors, I was able to remove several loose portions that had sloughed from the position. I injected the cavities as before, using the solution as strong as he could bear it, and placed him upon a diet of corn meal gruel.

August 20th.—Patient improving; still considerable discharge of pus; succeeded in removing several pieces of gland, from half an inch to an inch and a half in length—one section was two inches long, and weighed nearly a drachm.

August 21st.—Patient still improving; removed the balance of gland tissue, leaving a free, open cavity, similar to Case I.; inject as usual. From this time forward he made a rapid and complete recovery, having the full use of the facial nerves.

Remarks.—In the above cases it is plain that suppuration of the parotid glands took place, and apparently from entire different causes, and under entire different circumstances. In both cases the patients were reduced to the lowest condition of vitality consistent with their constitutions; yet, on the removal of the gland, they rapidly recovered.

Question.—Is there any known means to prevent the suppuration of the gland, under the above circumstances, and save the life of the patient? If not, does not the salvation of the patient depend upon the early removal of the gland?

Clinical Lectures.

RENAL DROPSY, FOLLOWING SCARLATINA.

DELIVERED IN MEDICAL WARDS OF MERCY HOSPITAL, BY N. S. DAVIS, M.D.

Gentlemen:—There are but few general practitioners who have not found the sequelæ of scarlet fever among the most obstinate and serious ailments that come under their observation. Among these none are more important than the renal affections accompanied by anasarca.

We have before us to-day a case which well illustrates the important series of pathological phenomena developed in the progress of such cases. The patient, a girl aged fourteen years, usually in good health, was attacked with scarlatina simplex, on January 11th. The disease ran a very mild course, requiring but little medical treatment. By the 22d she seemed quite well again. When brought here on the 8th of February, we found her presenting the appearance of a moderate degree of general anasarca, with a dull pain in the loins and head, and a scantiness of urine, but no fever. She was directed to have two drachms of the bitartrate of potassa, and three drachms of the acetate, dissolved in half a pint of water, and to take a tablespoonful of the solution every four hours.

I did not see her again until the 13th. The prescription made on the 8th had appeared to have very little effect. The bloating of the whole surface had steadily increased, with increase of the pain in the head and back, frequent nausea, and some fever. The urinary secretion had decreased until the 12th, when it became entirely suppressed, and violent general convulsions began on the night following. The convulsive paroxysms followed each other in quick succession, allowing only an imperfect degree of consciousness to be recovered between them; the stomach promptly rejected all drinks by vomiting; the pulse was small and frequent; skin cool; pupils slightly dilated; respirations short, but regular, between the convulsive paroxysms. She had had no passage of urine or fæces during the preceding twenty-four hours. Immediately after the convulsions commenced, late in the evening of the 12th, the house physician gave the bromide and iodide of potassa freely, but without any perceptible effect. On my visit on the morning of the 13th, I ordered extensive warm fomentations, with a view of promoting the action of the skin, and gave internally a powder of hydrg. chlor. mite. 5 grs., and nitrate of potassa 5 grs., every two hours, with ten drops each of chloroform and fluid extract of cannabis Indica between. The latter was given more to prevent vomiting than for any supposed anti-spasmodic influence.

The convulsions continued to recur through

the day, but at longer intervals; otherwise there was no improvement in her symptoms, and no evacuations, either of urine or fæces. The further use of the powders was suspended, and in their place Croton oil, suspended in the form of an emulsion, was given, in doses of a little less than one drop every hour until evacuations should occur. When she had taken three drops, a part of which was rejected by vomiting, it began to operate freely upon the bowels.

On the morning of the 14th we found her quiet; no convulsions since the evening previous; face, and surface generally, still much bloated from dropsical infiltration; skin cool; pulse small, and 120 per minute; mind dull, but capable of being partially aroused to activity, and indications of partial paralysis of the left side.

The bowels had been evacuated freely several times, and she had passed a moderate quantity of urine twice. She was directed to have beef tea in small quantities for nourishment, and a solution of bitartrate of potassa for drink. On the 15th day she was much improved in all respects, except that the left arm was completely paralyzed, and the movements of the bowels had continued frequent, with some tenesmus, and mucus in the discharges. The urine was nearly natural in quantity and appearance. She complained of some pain in the paralyzed arm, between the shoulder and elbow.

The following prescription was ordered: ℞. Fl. ex. scutellaria, ℥ iii; tinct. digitalis, ℥ i; iod. potassa, ʒ iii. One teaspoonful to be taken every four hours. Also—℞. Ol. terebinth, ʒ iii; tinct. opii, ʒ ii; pulv. g. acacia, sacchar. alba, aa. ʒ iii. Rub together, and add spts. nitre, dulc., ℥ iss. aquæ mintha, ℥ iss. A teaspoonful every four hours, alternating with the other prescription, until the dysenteric irritation of the lower bowel ceases.

The use of the latter prescription was required only three or four times, and the patient improved steadily from day to day, until the anasarca, the paralysis, and nearly all symptoms of disease had disappeared. From the 18th to the 24th the patient continued cheerful and active in mind; appetite good; bowels regular; strength improving, and all the appearances of returning health. But there remained some anasarcous puffiness of the face and lower extremities, and the urinary secretion was unsteady. Some days it was natural in quantity and appearance, on others it was smaller in quantity, and turbid. She was confined to the use of light food, subjected to no injudicious exercise or exposure to atmospheric changes, and during the period last named, took for treatment only mild diuretics and tonics.

On the 24th, however, she again became dull, more anasarcous, and the stomach irritable, with only slight discharge of very high-colored urine; and before the next morning convulsions again came on as violent as in the first attack. The same means were resorted to, with the addition of a vapor bath, and the omission of the croton-oil, the powders of calomel and nitrate of potassa operating freely. The convulsions again ceased on the procurement of free intestinal evacuations and the return of renal secretions. But her subsequent progress to recovery has been very slow and vacillating, and is still imperfect.

Another somewhat similar case that I met with a few years ago was that of a girl aged twelve years, previously in good health, who was attacked with scarlatina simplex, at the same time with two or three other children in the same family, in one of whom it presented the anginose variety, which was the occasion of my being called in. At the time of my first visit the girl was sitting up, and complaining so little that the mother did not think she required medical treatment.

The rash had been well developed on the surface, the fever moderate, and the case free from any apparent complications. She convalesced, and appeared well for some ten days, when her face and limbs began to swell. I was then called again to see her, and found the surface generally pale, and swollen from anasarca; pulse moderately accelerated; skin dry, and but little above the natural temperature; head light or giddy; dull pain in the back, with sense of heaviness and lameness in bending the trunk on the pelvis; bowels inac-

tive; stomach nauseated at times; appetite much impaired, and urine scanty and dark colored. On examination the latter was found to contain a few blood corpuscles, and much albumen, with epithelium and fibrinous shreds. She was directed to have a saline laxative to open the bowels, to be followed by a prescription containing digitalis, nitrous ether, and idoide potassa, to be taken every three hours.

Two days later when I saw her again, her bowels had moved very freely, and she had taken the medicine regularly, but there was no marked change in her symptoms. The urine had not increased in quantity and was more bloody.

She was ordered a solution of bitartrate of potassa, of which she was to take freely. The mixture of digitalis and nitrous ether was continued, a powder of potassa nit., hydrarg. chlor. mite, and pulv. doveri being added at night. Warm fomentations were also applied both to the loins and abdomen. The anasarca continued, however, slowly to increase; the pulse became smaller and more frequent; the head more dizzy; the stomach more irritable, and the urine more scanty, and more largely mixed with blood.

During two days she passed not more than three or four ounces in the twenty-four hours, and this more than half blood.

In the evening of the fourth day after my last visit, she was seized with several general convulsions. Living in a part of the city distant from my residence, a physician from the neighborhood was called in, who ordered a warm bath, followed by fomentations, and the liberal internal use of bromide and iodide of potass. The convulsions, however, continued to recur at short intervals, until I saw her on the next afternoon.

The urinary secretion had been entirely suppressed for the preceding twenty-four hours; the face and whole exterior surface of the body and limbs were much bloated; the pulse 130 per minute, small and weak; skin moist, and temperature nearly natural; pupils dilated, and mind incapable of being roused to consciousness. Warm applications to the trunk and lower extremities were continued, and the following prescription ordered: ℞. Hydrg. chlor. mite., 20 grs; potssa nitras, 30 grs. Mix, and divide into four powders; one to be taken every two hours until the bowels were freely moved; the operation to be aided by warm salt water enemas. To act as temporary antispasmodics, ten drops each of chloroform and fluid extract of cannabis Indica were given between the powders. After she had taken three of the powders and one or two enemas, the bowels began to move freely, and the convulsions ceased. Soon after, she also passed four or five ounces of turbid urine. During that night and the following morning she urinated three or four times, and the bowels were evacuated copiously, but without attention on her part. She remained quiet during the night, and at my visit at ten o'clock the following morning she could be aroused to partial consciousness, but was very feeble. She was ordered a solution of bitartrate of potassa and gum arabic for a drink, and a powder containing five grains of potassa nitras, and three grains of doveri, every three hours. All other remedies were dispensed with, except beef tea for nourishment.

From this time the urinary secretion continued to improve in quantity and quality; the skin continued moist; the pulse became slower and more full, and the mental faculties regained their activity. In about one week she had so far convalesced as to need no further attention.

In a practice extending over a period of more than thirty years, during which I have seen a fair proportion of scarlet fever patients, and have often seen some degree of renal dropsy as a sequel, the two foregoing are the first cases that have occurred in my own practice, of complete suppression of urine, and convulsions following this much-dreaded fever. Both these cases occurred after the mildest grade of fever, and in spite of some directly preventive treatment. And neither seemed to be benefited by any remedies except such as aided in the elimination of the retained elements of urine, by promoting the action of the skin, kidneys, and bowels.

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N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

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EDITORIAL.

STATISTICS OF MORTALITY.

From an abstract of the annual report of the Sanitary Superintendent of this city, contained in one of our daily papers, we learn that the total number of deaths in Chicago during the year 1872 was 10,157. This is an increase of 3,181 over the number of deaths in 1871, and 2,814 over the number for 1870. The following table shows the amount of sewerage, the total population, the total mortality, and the ratio of deaths to each 1,000 of the population for a period of seventeen years:

YEAR.	Feet of sewers constructed.	Population.	Mortality.	Death rate per 1,000.
1856	31,794	84,113	2,086	24.80
1857	25,681	93,000	2,414	25.66
1858	101,879	84,000	2,255	26.84
1859	55,208	96,000	2,008	21.36
1860	69,024	109,260	2,264	20.70
1861	2,826	120,000	2,279	18.99
1862	15,685	137,030	2,835	20.69
1863	30,605	150,000	3,875	25.83
1864	25,021	161,288	4,448	27.57
1865	29,948	178,492	4,029	22.57
1866*	48,127	200,418	6,524	32.22
1867	89,661	225,000	5,648	21.17
1868	47,841	252,054	5,984	23.74
1869	139,705	280,000	6,488	23.16
1870	78,166	299,227	7,343	24.53
1871	50,392	325,000	6,976	21.46
1872†	42,767	367,293	10,157	27.60

The following table will show the connection between the rain-fall for the three warmest months, the total for the year, and the ratio of deaths to population, for a period of seven years:

YEAR.	July, inches.	Aug., inches.	Sept., inches.	Total for three months.	Total, year.	Death rate per 1,000.
1866	3.58	7.84	6.53	17.95	36.65	22.32
1867	1.51	2.32	0.40	4.23	21.26	21.16
1868	3.86	3.58	7.08	14.52	37.33	23.74
1869	3.21	1.38	0.89	5.48	31.66	23.16
1870	3.71	2.17	2.82	8.70	23.62	24.53
1871	2.56	0.50	0.10	3.16	32.85	21.46
1872	4.05	2.56	6.43	13.04	28.94	27.61

The connection between the temperature of the four warmest months and the death rate is shown by the following table, representing the same years as the preceding:

YEAR.	MEAN DAILY TEMPERATURE.				Mean for four months, deg.	Death rate for year in 1,000.
	June, deg.	July, deg.	Aug., deg.	Sept., deg.		
1866	70	70	71	64	68.3	32.22
1867	72.4	72.9	72.8	66	71	21.17
1868	66.3	81.4	73.3	63.2	71	23.74
1869	65.4	73.8	73.5	69.5	70	23.16
1870	70.2	79.6	75	71	73.3	24.53
1871	72	72.3	71.3	67	70.2	21.46
1872	70.8	72.4	72	64	69.2	27.60

Of the 10,157 deaths in 1872, no less than 6,127 are reported as children under six years of age. Of the latter, 493 died in the month of June, 1,059 in July, 1,137 in August, and 553 in September—making considerably more than half of the whole number in the four months named. A further examination of the figures, shows that the ratio of deaths under five years of age, during the four months last named, was double among children of foreign parentage that occurring among children of native parentage.

The chief causes of death among the children under five years of age, for six months of the year (from April 1st to September 30th), together with the rain fall and the mean temperature, are shown in the following table:

* Cholera year. † Small-pox, 654.

Causes.	April.	May.	June.	July.	August.	September	Total.
Chol. infantum	6	10	146	549	530	187	1,428
Convulsions	92	71	161	112	116	81	573
Diarrhœa	8	5	53	73	132	63	384
Dysentery	2	3	26	38	63	30	162
Tabes mesenterica	8	14	21	40	38	27	148
Teething	3	14	16	25	34	14	106
Total	119	117	463	837	913	402	2,801
Mean daily temperature	....	57½	70½	72½	70	64	....
Rain fall	299	329	341	408	256	643	....

Nearly all of those ascribed to "teething," in this table, should have been added to the list of bowel affections. Teething is a natural process, and we have never yet seen a child die simply from the growth of its teeth; and we think it is quite time that physicians should cease to use the word to designate the cause of death in their certificates sent to the office of the Board of Health. If the Sanitary Superintendent is correctly reported, he gives a large amount of attention to the subject of sewerage; and by a detailed statement of the amount of sewerage in each ward, in connection with the population and ratio of deaths, he makes it appear that the death rate decreases in direct ratio to the increase of sewerage. He makes this a basis for strongly urging upon the city authorities the necessity for a more rapid extension of sewerage system. All this is right, so far as it bears on the sanitary benefit to be derived from good sewerage. And yet those who are familiar with the different wards of the city, will readily see that the same wards that have the least amount of sewerage also have the largest proportion of foreign population; a fact that greatly influences the ratio of mortality, as shown in that part of the Superintendent's report relating to infantile mortality.

It was there shown that the ratio of deaths of children under five years of age, born of foreign parentage, was more than double that of children born of native parentage. Our own observation has long since taught us that this ratio holds good when the native and the foreign parents occupy the same ward; and hence we must look for other causes besides sewerage to explain a part, at least, of the results. We do not care to diminish the force of the Superintendent's argument in favor of sewerage; but, while touching on this subject, we are constrained to express the opinion that sewers are of very little value, in a sanitary point of view, unless they are properly connected by side-drains with the adjacent lots and buildings, and such side-drains and sewer-entrances are kept free from obstructions. And truth compels us to add, that negligence, and want of system in attending to this part of the subject, has thus far deprived us of half the benefit that ought to have been derived from the sewerage already constructed. Every year we have seen whole blocks saturated with surface water until the middle of June, and sometimes until July, when there were good sewers within reach; and three days' work, with hoe and shovel, in cleaning side-ditches, would have drained any one of them before the first of April, and left the subsequent spring rains to have washed and cleansed the surface, instead of mascerating until evaporated by a summer's sun. Let our Board of Health get as much sewerage constructed as they can; but if they will cause what we have to be properly connected with the adjacent lots, put on a sufficient force early every spring to thoroughly open all the sewer entrances, ditches, and side-drains, and exchange their special sanitary police for an equal force of intelligent laborers, armed each with hoe and shovel, to act as sanitary patrolmen, in keeping everything connected with the sewers free from obstructions, they will make a greater improvement in the sanitary condition of the city than by any other process.

"Examiners" Wanted.—If any of our readers have a copy of The Medical Examiner for July 1st, 1872, which they do not care to keep, and they will mail it to the senior editor, he will pay them double the subscription price. We are very desirous of obtaining three or four copies of that number.

Disease of the Parotid Gland in Typhoid Fever.—Inflammation, suppuration, and gangrene, affecting the parotid region, in the progress of low forms of fever, is not as rare as might be inferred from reading the interesting cases reported by Dr. Kelsey in the present number. We have met with several cases of the kind. While the shreds and masses of sloughing tissue should be removed as fast as they become actually loose, it is not necessary to hasten the process violently.

Dr. T. D. Washburn writes us from Hillsborough, Ill., that they are having considerable sickness, and more than usual fatality. Pneumonia most prevalent; also, a severe form of erysipelas; and the epidemic of influenza and catarrhal affections, which seems to follow in the course of the epizootic. Puerperal cases not doing as well as usual.

Gleanings from Our Exchanges.

THE ABORTIVE TREATMENT OF SMALL-POX.

BY. W. E. BESSEY, M.D. MONTREAL.

In view of the loathsome character of this disease, its excessively contagious nature, its mortality in persons unprotected by vaccination, the hideous deformity and disfigurement which is a frequent result of its attacks on the one hand, and, on the other, the many evidences of its entire dependence upon *a particular disease germ*, engendered, preserved and multiplied under certain favorable conditions, as shown by the success with which it can be destroyed, prevented and controlled by attention to habits of cleanliness, ventilation, and especially its destructibility by disinfectants, there seems to be not a shadow of doubt, so far as experience can guide us, that this *entity*, be it emanation, germ or fungus, is incapable of resisting the destructive action of certain chemical agents, when brought into direct contact with it. Considering the constitutional disturbance, fever, and eruption, which characterize this disease, evidences of the presence and operation of this poison in the human system, which must have been introduced in infinitesimal quantity by the lungs, or by the stomach, and which must therefore have been multiplied an indefinite number of times in the system, according to the degree of susceptibility of the patient, or the suitability of the soil in which it was thus transplanted, by being taken into the system; moreover, as it is evident that nature treats this as it does every other morbid poison, by at once making efforts to cast it off as an enemy, or alienate it, I determined to try what success would follow an attempt to destroy the poison in the blood, and prevent the continuation of its ravages in the system, by bringing in direct contact with it, in the circulation, substances which, when used as disinfectants, had not only succeeded in destroying its contagiousness, but also in eradicating the disease itself.

I have proceeded upon the hypothesis that if the disease depends upon a distinct *germ, or primal cause*—which it is self-evident that it must—and that this *entity* or *disease germ* is capable of multiplication or reproduction in the system to an indefinite extent; and that the symptoms of small-pox are the resulting constitutional disturbance from its presence and reproduction, and the eruption the casting out or effort of nature to rid itself of this enemy; and that this eruption and other emanations from the patient are contagious—then, the shortest route to a successful eradication of such a poisonous influence from a community, neighborhood or family, must be to attack, neutralize, and destroy the *disease germ* itself in each individual patient, by the use of such agents as are likely to be successful in accomplishing the feat. In this way the ravages of the disease would be cut short in the subject of its attack; nature would be prevented from sinking exhausted from its effects; its power of contagion destroyed and its ravages confined to the limits of a few isolated cases; and, by a wise use of disinfectants in suspected localities, the fountain source destroyed from whence new cases might spring up and so extend the ravages of this dire disease. To meet these indications, I selected carbolic acid as a disinfectant and antiseptic agent capable of destroying the *disease germ*, whatever may be its nature, whether an exhalation, a fungoid, an atmospheric influence, or a *disease germ* capable of being taken into the system by injestion, absorption, or inhalation.

If atmospheric germs, when introduced into open wounds, are capable of occasioning suppuration, setting up putrefaction and preventing the healing of wounds, as maintained by Dr. Lemaire, of Paris, and Mr.

Lister, and carbolic acid is capable of destroying these germs and preventing suppuration, thus promoting the healing of wounds, as it has been amply proven to be capable of doing; if it has been successful as an antiseptic and disinfectant in multitudes of ways, in destroying disease emanations, and in opposing the spread of this and other contagious diseases—scarlatina, measles, typhus and typhoid, cholera included—must it not be through the power which it possesses of destroying the *disease germs*, in whatever form, of whatever nature, and under whatever circumstances, brought into contact with them, even in the sanguineous fluid itself, as in pyæmia in the human subject? Its suitability therefore as an agent calculated to destroy the small-pox virus in the system cannot be questioned, and especially when used in solution with glycerine, an agent which possesses such power of penetrability as to find its way to the most minute cells of the bony structures themselves. I therefore selected carbolate of glycerine as the remedy best calculated to perform the work required of any remedy administered with such an object in view. The more perfectly to attain to the required *desideratum*, namely, a thorough antiseptic and disinfectant remedy, I combined the sulphite of soda in the prescription, as being a remedy well calculated, by virtue of the sulphurous acid which it contains, to destroy any parasites or vegetable fungus which might at any time be present, or have any lot or part in producing or shaping the course of an attack of the disease, and which are assumed to exist in various forms of putrid fevers and other forms of germinal disease. Moreover, sulphite of soda is a remedy of acknowledged value in many forms of disease depending upon a blood poison. The sulphurous acid which is evolved when the salt comes in contact with the acids of the stomach I suppose to act as an antiseptic and disinfectant, while the soda, forming other combinations, may act as a simple alkali or an aperient. For internal administration, then, I devised the following mixture:

℞. Acid, carbolic, ʒ j; sodæ sulphitis, ʒ x; aquæ ad. ℥ vj. Of this a dose proportionate to age of patient. For infants, one-half a teaspoonful; for children up to about seven, one teaspoonful; and for adults, a dessert-spoonful (or four teaspoonsful) every third hour, to be administered as early as possible in the disease.

When there was much fever, and little action of the skin and kidneys, I gave the following as a diaphoretic every hour, until the feverish or congestive stage of the disease had passed over.

℞. Potass. chloras, ʒ ij; liquor ammon. acet. ℥ ij; spts. eth. nit., ℥ ij; aquæ ad., ℥ vj. A teaspoonful for a child every hour; four times as much for an adult.

In cases where the eruption had already appeared before beginning the treatment, a topical application was required, which would at once destroy the contagious emanation from the vesicle or pustules, and at the same time remove the distressing itching present in most cases. To meet this indication, I prescribed a carbolate of glycerine, as follows:

℞. Acid carbolici, ʒ ij; glycerine, ℥ iij. To be applied to the face and other portions of the body on which the eruption had already appeared, once or twice a day with a feather.

I was not long waiting for an opportunity for putting this plan into practice. Mr. A., residing in Wolfe street, called upon me to visit his wife, upon a Saturday evening in April last. I found her suffering from symptoms premonitory of small-pox, high fever, great thirst, pains in limbs and back, tongue furred, etc.

Prescribed pulv. Doverii, grs. x, every six hours, with drinks of hot gruel *ad libitum*. Saw her again on Monday. The characteristic eruption of small-pox had now made its appearance copiously over the neck and face, arms and chest, and upon the inside of thighs—high fever and great thirst. Patient was nursing a child eight months old, and was the mother of a family of five other small children. I recommended immediate isolation of children, or removal of mother to hospital. Neither recommendation would be acceded to. I then prescribed the acid carbolici and sulphite of soda mixture, a dessert-spoonful dose every third hour, and gave the diaphoretic mixture at intervals of every two hours, with simple gruel or milk diet. A gentle laxative being required by the costive habit of body, I ordered a Seidlitz powder once or twice a day, as might be necessary to preserve a lax condition of the bowels. No external application was made use of in this case. On the second day the fever had abated, the pustules had begun to decline, and by the sixth day after the appearance of the eruption it had entirely disappeared, and the patient felt well enough to sit up, but was not permitted, for prudential reasons. The child continued to nurse throughout without manifesting the slightest illness after the first two or three days. None of the family contracted the disease. The patient exhibited no trace or mark of the disease after recovery. This gentleman afterwards

informed me that he gave several bottles of the prescription to French Canadians in the neighborhood, members of whose families were suffering from the disease, in all of whom its action was alike satisfactory. Indeed, I had sufficient proof of this in the number of persons of that nationality who afterwards applied to me for "that particular prescription."

Case II.—Mrs. R.'s child, Murray street: This child was aged two years. When seen, the eruption was in full bloom, but distinct and copious. The child had been tried three several times with vaccination during its infancy, but each time without success. The face and head were considerably swollen, the skin very red, the child restless, and manifesting considerable internal distress by moans and cries, etc. The bowels had been costive. Ordered a moderate dose of castor oil. Pulse 140; pupils contracted; breathing regular but frequent; kidneys acting as usual. Fearing congestion of the brain, I added to the febrifuge mixture, usually prescribed, tr. aconit. rad. gtt., ss. doses, to be given every hour until the fever abated. I ordered the carbolate of glycerine (diluted) to be applied over the whole surface with a feather, wherever the eruption existed, twice a day. The carbolate of soda mixture (or carbolic acid and sulphite of soda) I gave every three hours in doses of 1 gr. carbolic acid to 10 grs. soda sulphis, and recommended milk diet only, with an occasional mild dose of castor oil if necessary. On the second day following the pulse had fallen to 96, the pustules had begun to pit and wither, the feverish condition was entirely gone, and by the seventh day the pustular eruption had withered away to a dry scurf or scale, and was rapidly falling off, and without leaving a solitary trace of their late presence on the skin. The child was now sitting up in its cot, playing with its toys.

Case III.—Child of Mr. S., commission merchant, aged two years: Had been sick eight days. The feverish stage of incubation lasting four days, on the fifth day the eruption appeared. Had been out three days when seen. Eruption copious and confluent upon the face and chest; constitution not strong; child evidences signs of debility and depression, with possible sinking to be feared; pulse 100, feeble, but with a disproportionately high fever. Prescribed, as a stimulating diaphoretic, the following:

℞ Potass. chloras, ʒj; liquor ammon. acet., ℥j; spts. eth. nit., ʒiv; aquæ ad. ℥iv, s.g. A teaspoonful to be given every hour. At same time ordered the acid carbolic and sulphite of soda mixture (1 gr. acid carbol. to 10 soda sulphite) to be given every three hours.

As a topical application to destroy infectious nature or emanations from skin (there being other children in house), and to allay itching, the carbolate of glycerine was ordered (ʒij acid carb. to glycerine ℥iij) to be applied with a feather to the whole surface of the body, at least once a day, oftener if it should appear necessary. To quote the father's own words, "As soon as we began to use the remedy the fever abated, and the eruption began to wither and desicate, and in about six or seven days had entirely disappeared." No one contracted the disease from this case.

Cases IV. and V.—Mrs. M.'s children, aged respectively two years and nine months; of ordinary strength of constitution: Eruption had been out three days; fever slight; eruption not copious; case of a mild character; had both been vaccinated. Gave no diaphoretic mixture. Used only the carbolate of soda mixture internally every three hours, and the topical application of carbolate of glycerine (diluted for youngest child) upon the skin. These children both did well. The eruptions withered away and rapidly disappeared.

Case VI.—Mrs. L. McD., a married woman, aged about thirty, nursing an infant six months old: The mother contracted the disease, and the eruption made its appearance on fourth day, of a copious character, not confluent. Fever high; great thirst; and pains in back, head and bones, very distressing. Gave Seidlitz powders as aperient, and prescribed above remedies in following doses: Acid carb. grs. ij; sodæ sulphitis grs. xv., with glycerine, every three hours. The diaphoretic mixture also, during the first two days, or until fever abated, in liberal doses, and the usual topical application to the skin or eruption. In this case the effect of the treatment was most marked; the pustules immediately began to decline, not going on to fill or mature as is usual in small-pox; the fever subsided on the second day; the pains left simultaneously with the fever; the sleeplessness, which had been a distressing symptom before using the medicine, was succeeded by comfortable rest during the first night after taking medicine, and patient continued to rest well after. The eruption, which had begun to desicate on second day of treatment, began to scale off on the fourth day, and soon entirely disappeared, leaving a surface free from any traces of its former presence.

Strange to say, the child continued nursing throughout, and did not contract the disease. This woman is mother of six young children, none of whom contracted the disease.

Mr. F.'s children, two boys, aged respectively ten and four years, residents of St. David's Lane. Was called to see oldest child, who was first taken ill; had been ill for some days. Found head and face very much swollen; throat much inflamed; tonsils enlarged; eruption copious and confluent; body completely covered; fever high, and attended with constant delirium; eyes swollen and shut; and deafness present; child had been vaccinated in infancy.

Prescribed external applications of strong carbolate of glycerine to surface of body, and the following diaphoretic mixture:

℞. Potass. chloras, ʒj; liq. ammon. acet., ʒj; tr. aconit. rad., gtt. xxxij; spts. eth. nit., ʒiv; aquæ ad. ʒiv. A teaspoonful every four hours. Made use of a mouth-wash for fauces and tonsils of potass. chloras. Ordered carbolate of soda mixture every three hours.

This patient appeared to improve during the first four days, after which it refilled again, or rather an eruption succeeded it of what might be termed copious white blisters, filled with a thin milk serum or fluid. The delirium suddenly increased, the throat became much worse, and the patient refused all fluids, even medicine.

By this time the tonsils were extensively ulcerated. I prepared a lotion of carbolic acid, 1 to 100 of equal parts of glycerine and water. This enabled the patient, after a few hours' frequent application, to take some milk. Beef-tea was now ordered in spoonful doses every hour, with tart drinks. The patient continued insensible, and in a few hours afterwards showed signs of sinking, succeeded by a feeble pulse, coldness of surface, shiverings; and finally patient died on 14th day, in a state of collapse. My two important mistakes or omissions in this case seemed to me to have been omitting to immerse the whole body in a warm bath in the beginning of the case, or even later, which might have been daily repeated; and not using carbolic to the throat affection when first seen, and depending too much upon chlorate of potash. The throat difficulty seemed to be the pivot upon which the result of the case depended. Altogether, the case was the most severe I had seen for years, and had been contracted from a straw bed which had been thrown out of a neighboring house, upon which two patients, a mother and child, attended by a prominent medical gentleman, had died of the most severe and confluent type of the disease. The second boy came under my care during the fever stage, and I at once began the internal administration of the carbolic acid and sulphite of soda mixture, paying great attention to the skin and throat, to which I applied a very weak carbolic acid lotion. The bowels were kept relieved by castor oil; and the eruption, which appeared on the fourth day, began to decline on the sixth day, and was entirely gone on the eighth. This child had been tried with vaccine, but unsuccessfully. Wherever administered in early stage of the disease, the pustules have been prevented from maturing; and in no instance has any one contracted the disease from those thus treated.

This treatment is essentially the same as that followed by Dr. Boyer, of Philadelphia, and published in the *Medical and Surgical Reporter*. He gives a solution of 2 grs. carbolic acid, with 15 to 20 grs. sulphite of soda, every three hours, but with *no other treatment* than an ordinary purge during the initiative or forming fever.

The result of Dr. Boyer's experience with this plan of treatment, which seems to have been large, he gives as follows: "The result, after several months' trial, with myself and son, has been that, in *every case of variola* and confluent small-pox, on the fourth day of the eruption the swelling of the face abated, the pulse fell to a normal rate, the tongue commenced clearing, and the eruption began to dry up, and the pustules withered and shriveled. By the seventh and eighth day of the eruption the patient was convalescent, without a sign or mark of having had small-pox, after the slight desquamation of the light scales or scabs fell off. In no case by this treatment did the pustules positively mature, but always dried up before maturation. Externally, any soothing application for the first three days is all that is required to allay itching, etc.

The above extract from Dr. Boyer's statement of his experience fully accords with my own observations — which, however, have been necessarily somewhat limited — except in two particulars: first, that the eruption began in every case to wither on the second day after the remedy had been administered; and again, that no one, so far as I have been able to ascertain, contracted the disease from the patients under treatment. I am induced to report this plan of treatment, with my views as to the philosophy of it, in the hope that others who may have opportunity may be induced to take it up and give it a more wide-spread and extended trial than it has yet received.—*Canada Medical Record.*

Original Communications.

A PAPER CONSIDERING QUESTIONS IN REGARD TO ALCOHOLIC STIMULANTS.

BY CHAS. W. EARLE, M.D.

*Read before the Chicago Medical Society.**

THE CAUSE OF ALCOHOLISM.

The condition known as alcoholism is produced by certain causes. These causes are *exciting* or *predisposing*. The exciting cause, which is by far the most frequent, and really the only one, is the circulation of blood highly charged with alcohol, affecting first and primarily the cerebro-spinal centers.

As the habit becomes confirmed, probably not an organ or tissue of the body escapes the deleterious effects of the article. The effect of alcohol on the nervous system, as we now understand it, and the manner in which it damages the other tissues through this, I hope to bring out in another part of this paper.

Of predisposing causes, I place at the head of the list anything which tempts a person to take alcoholic stimulants:—prostrating diseases, which reduce the system to an abnormal condition, in the course of which disease stimulants may have been prescribed; occupations of all kinds which expose the person to the extremes of heat and cold; which prevent sleep at the proper time; which surround the man with an atmosphere filled with noxious vapors, or impurities of any kind.

That occupation which renders night work necessary I regard as most dangerous to one who has ever used alcoholic stimulants. It is exceedingly difficult for one to reform who is engaged in this kind of work; and I would most earnestly advise that man who is trying to stop the use of alcoholic stimulants to change his occupation, so that whatever of work he has to do may be done during the day.

Of one thousand men admitted to the Washingtonian Home of Chicago, since 1865 to date, December, 1872, fourteen per cent. have been men whose work has been largely done during the night. Their occupations are as follows, enumerated according to the frequency of admissions: printers, traveling men, actors, editors, railroad men.

A large number of printers, at one time and another, are engaged on morning papers, working most of the night. Traveling men, or agents, very often sell goods during the day, and make the next business centre during the night. The actor always works till late; while the work of editors and railroad men, in many cases, is constant and exhaustive night labor. Combined with this, these men, in many instances, are deprived of home-influence, have an irregular and changeable diet, and are exposed to all the vicissitudes of weather.

On the other hand, however, of one thousand men admitted to the same institution, but two per cent. have been carpenters. These men work from eight to ten hours durring the day, have regular meals, mingle with good society, if they will select it, and sleep soundly during the night.

THE PHYSIOLOGICAL PLACE OF ALCOHOL.

The effect of alcohol on the different tissues of the system has been the subject of much controversy for years. Used in large quantities it is unqualifiedly a poison, and not a food. Under ordinary circumstances, when the body is properly and sufficiently nourished, it does harm by even a moderate introduction into the system.

When, from some extraordinary circumstances, a person is exposed to severe labor or exposure, with an *insufficiency* of food, alcohol may, for a very short time, temporarily restore the powers of the body, but can never, in any way, take the place of assimilable nutriments.

In the treatment of disease, as a physician, I believe that occasionally the time does occur when stimulants are absolutely indis-

* This article was also read before the inmates of the Washingtonian Home, who, believing that it would do good to any wishing to reform, unanimously requested its publication. This will account for the exhortations at the close of the article. It is also believed to contain some things of interest to the profession.

THE AUTHOR.

pensable, and that in withholding them we commit an error just as reprehensible as it would be for a physician to prescribe a moderate amount of whisky for a period of six or eight days to every person getting over a moderate drinking-bout. In rare cases alcohol does good—for a brief time. Under no circumstances or conditions can good accrue when used for any length of time.

I close my observations on this part of my subject by quoting from the testimony of Dr. Hayes, the celebrated Arctic explorer. He says:

"While fresh animal food, and especially fat, is absolutely essential to the inhabitants and travelers in Arctic countries, alcohol is, in almost every shape, not only completely useless but positively injurious." *

THE EFFECT OF ALCOHOL ON THE TISSUES.

The continued use of alcohol produces certain local effects on different kinds of tissue. These lesions have been clearly proven by Dr. Ogston's *post-mortem* inspections, and may be enumerated as follows: †

1st. The nerve-centres present the greatest change.

2d. Change in the respiratory organs.

3d. The liver, and other glandular organs.

4th. The heart and large arteries.

5th. The kidneys.

6th. The alimentary canal.

These abnormal changes are seen best by the microscope, and consist of accumulations of fat, of degeneration of the arteries, of induration or hardening of nerve-matter, by a state of the system in which the general nutrition of the body suffers, inducing in every respect a bad state of health, until at last we have the drunkard's *cachexia*—the drunkard's own peculiar constitution.

The *immediate* effect of alcohol on nerve-tissue is perhaps most noticeable—it certainly is in acute cases.

If you should take one of the inferior animals, chloroform it, and dissect out one of its nerves and surround it with alcohol, it would be paralyzed.

Unable to transmit ordinary nerve-force, alcohol has poisoned it. The inordinate use of spirits affects the nervous tissues, as described above, in the following order:

1st. Paralysis of spinal nerves, as shown by the impairment of muscular sense in the extremities; numbness of the integuments, etc.

2d. Partial loss of sensibility in the integuments and mucous membrane of the face; numbness of lips; want of usual sensibility in the anterior part of the tongue. It is the tri-facial or large portion of the 5th nerve now affected. The vaso-motor branch of this nerve is relaxed, as evinced by the congested and palsied condition of the face.

3d. The cerebral hemispheres are affected, and intellection of all kind is impaired. The man has trouble to articulate words; he can still taste; the special nerves to the tongue, such as the *chorda tympani, and glosso pharyngeal, to the anterior part, and the lingual of the fifth to the posterior are intact; but the nerve of motion, the sublingual, or hypoglossal, has lost its power—has been paralyzed.

Finally, the medulla oblongata is reached; breathing is labored; the nerves absolutely necessary for the maintenance of life are affected, and at last the nerves supplying the heart are paralyzed, and the scene closes—death is the result.†

This, gentlemen, is the immediate effect of alcohol as a poison. Of course, not every one who uses the article moderately arrives at this dire result. I have depicted its immediate result as a poison. In many people the effect of a *small* amount of whisky is far from paralyzing. They talk more rapidly, and louder than ever before. They are capable of doing a large amount of physical labor, and endure, for a short time, almost any fatigue or exposure. The permanent effect on the tissues is being made, however, and sooner or later, in some disease of the respiratory organs—in some gland, in the

* Hayes' "Observations upon the Relations existing between Food and the Capabilities of Men to Resist Low Temperature."—*Am. Journal Med. Sciences*, July, 1859, p. 117.

† Aitken's "Practice of Medicine," Vol. I., p. 784.

* See Flint's "Physiology," Vol. IV., p. 156.

† See article on Alcoholism in Reynolds' "System of Medicine."

heart or kidneys, and rarely in the alimentary canal—it becomes manifest.

It is the popular notion that the stomach becomes diseased very early in a subject of alcoholism. Persons addicted to the use of stimulants are sometimes seized with a sort of mania, and imagine their stomachs are ulcerated and eaten. This I believe to be rarely the case. The mucus membrane of the stomach may, and does, become congested; the food coagulates before it is properly digested; the walls of the stomach may become thickened, but rarely ulcerated or eaten. The poison acts on other tissues more important, the disintegration of which cause the frightful train of diseases which I have already mentioned.

IS DELIRIUM TREMENS CAUSED BY THE SUSPENSION OR CONTINUANCE OF ALCOHOLIC STIMULANTS?

Inebriation, delirium tremens, mania a potu, and alcoholism—all very vague terms—convey to us the condition in which a man or woman is found during the use, or after the suspension, of alcoholic stimulants.

Delirium tremens is defined by a majority of the authors as an affection *following* the withdrawal of alcoholic drink or other stimulants. I have not been satisfied with this definition since I have more especially studied this particular disease. Unless I am very much mistaken, delirium tremens oft-times overtakes its victim in the midst of his excesses, while the system is saturated with the vile compound, and replenished with frequent and liberal potations. Upon looking up the literature of the subject I find that my idea in this respect is not at all original, as a Dr. Ware, in 1831, placed the same on record; and Reynolds, in his "System of Medicine," quotes from him, and evidently accepts the same.

Flint says it is a mooted question—and both explanations are correct—the disease sometimes making its appearance when the customary stimulant is suspended, and at other times, notwithstanding the continued use of the habitual amount of alcohol.

This is the first question to which I wish to call the attention of the Society. It is important to us in the treatment of our patients. It is important to the patient. The physician who believes delirium tremens the result of the withdrawal of the accustomed stimulant will be very apt to prescribe it, while the patient who shares in this belief will very likely either treat himself, or be treated by his friends, with a liberal amount of whisky for several days following the acute attack.

Any theory advanced by one not accustomed to the use of stimulants must fall to the ground when we have the testimony of those perfectly competent, who speak from experience.

The writer of this article has had the opportunity to receive from gentlemen of high culture, speaking from experience, ample testimony on this point.

It is unmistakably correct that the condition known as delirium tremens is not always due to the withdrawal of the stimulant. It makes its appearance at times when the system is fully charged with the poison—indeed while the stomach is being replenished—and at other times after the absolute withdrawal, be it voluntary or otherwise, on the part of the individual.

IS THE APPETITE FOR ALCOHOLIC STIMULANTS A DISEASE?

It is not the diseased condition alone with which we find a man accustomed to the habitual use of intoxicating drink the unfortunate subject, that we have to do; neither does it suffice for us to find its physiological place; there are other questions, important to every inhabitant of our land, which must be considered.

Why *do* men drink? Is this habit, which becomes the ruin of so many young men, blasts the hopes of families, and threatens the safety of our country, *hereditary?* or is it a disease?

Can a man drink all his lifetime and say that he cannot help it, because his parents used whisky?

Should a man be permitted to become intoxicated every few days, and be taught

that he has no responsibility in the matter because he has a disease?

Is it right for the medical profession, for the ministry, for all the charitably-disposed people, to maintain that after a person has indulged himself with whisky or tobacco for years, until he feels uncomfortable when not under its effect, that the man has a disease which should be treated by some medicinal agent?

To all of these questions, at present, I say no.

During the past few years it has been quite popular to speak of those addicted to the use of alcoholic stimulants as suffering from a disease. Eminent men in the medical profession have expressed their belief in this direction; and not a few articles have been written on Intemperance as a Disease. No one can believe more thoroughly than I do that the long-continued use of alcohol produces many lesions in various organs in the body; but that the appetite for whisky is a disease, *sui generis*, does not seem to me rational.

A disease generally produces such an effect that its victim cannot throw it off in an instant. A person with typhoid fever cannot throw it from his system in a day; nor can the victim of consumption, worn down by it for years, by a simple effort of the will change his entire constitution and become a sound man. But if a man who for twenty-five years has not been free from the influence of liquor, in an hour makes up his mind that he will never again touch the article—if he will take the trouble to sever himself from his old associates, and not run headlong into temptation—he will soon be free from the so-called disease. This is certainly totally unlike any other disease with which I am familiar.

Again, persons afflicted with a disease generally are conscious of it. They believe and are conscious that they have some physical difficulty. But a man who truly and honestly wishes to reform from the use of alcoholic stimulants, and is willing to abandon his whisky-associates, and earnestly desires to become better in every way, will not tell you that he believes himself the victim of a disease. A man, however, not fully decided as to whether he wants to reform or not, with friends anxious to conceal his habit, and to furnish an excuse for him when he does break out, will very eagerly conclude with any one that it is a terrible disease.

The effect of alcohol on the tissues is *most damaging*. The appetite becomes terrific. But, gentlemen, I have yet to see the man who, having candidly and prayerfully made up his mind to stop the habit, who is willing to keep away from saloons and from those who would entice him to drink, that cannot reform.

If it was a disease, a man who had indulged in the habit for years and years, but who was willing to conform to the resolutions indicated, would have infinitely harder work to reform than one who had drank but a month. And yet we see men who have been addicted to the habit for years reform—stop at once—while the man who has been a drunkard but for a month yields to the seductive glass time after time.

This does not act to me like a disease. The difference is just here. One man makes up his mind fairly and squarely that he will stop—avoids his former companions, shuns saloons, and in every respect tries to become a better and wiser man;—the other does not make up his mind that he really and truly wants to reform—is not yet convinced that it is important, but will do so if convenient, or necessary to hold a situation; still mingles with associates who drink; visits saloons for cigars or mineral-water, and, in no respect whatever, tries to become a better man—is still profane, profligate and unruly. The one reforms; the other does not; and the one reformed has a thousand times more the disease (if there was such a thing) than the one who still persists in his course.

Such being the facts, it is very difficult for me to class either the habit of drinking or appetite for alcoholic drink as disease.

IS THE APPETITE FOR ALCOHOLIC DRINK HEREDITARY?

I go still further: I do not believe that the habit of drinking, or the appetite for alcohol, is transmitted by our ancestors. And yet a great many people do believe this; and the remark has been made to me that it was "No

use trying to stop drinking, for it was in the family—the father and grandfather, and as far back as the history could be traced, all drank—and it is natural for me. I can't stop!"

Now, it is undoubtedly true that a number of children of those addicted to the use of alcohol, are afflicted with insanity, become idiots, or have a tendency to epilepsy. It is also true that many children who were unfortunate in having intemperate parents, have grown up and been honest and industrious, never tasting a drop of liquor. Again, too, how many there are, raised in a family surrounded by everything calculated to make one good and true—watched by a father and mother anxious to do everything to develop a noble man—who also fall. As a general thing parents give to their offspring certain tendencies of their own constitutions, and in some cases a diseased system. These are all indubitable facts. But it appears to me, however, in the cases we are now considering, it is not a desire or appetite, or even habit, which is inherited, but rather a peculiar nervous system, making both bodily and mental labor or trouble hard to be borne, and inducing in the subject, if his early education be neglected, a feeling for some kind of stimulus. A proper training while young, with a rigid hygienic condition, will eradicate the difficulty. Even if this is neglected, the man need not despair—a resolute will, good associates, and avoidance of everything tempting, will accomplish it.

What I have wanted to say, and place on record, in the concluding remarks of my article, is this: There is no physical cause why a man should drink intoxicating liquors; and secondly, if a man has formed the habit, if he wants to reform he can do it.

There is something better for every man than to die a drunkard. And although the man may seem lost, the hopes and expectations of friends long since blasted, the victim and his friends completely discouraged—all this may obtain, but the man may reform. I believe it to be absolutely wrong to argue otherwise; and the doctrine that a man has some physical difficulty in the way of reformation, seems to me pernicious and dangerous in the extreme.

It has seemed to me that about five or six things were necessary for reformation:

1st. A man must thoroughly make up his mind that he wants to reform; he must mean business—*nulla vestigia retrorsum* (no steps backward.)

2d. He must come fairly to the conclusion that no back-set in business, no disappointment of any kind, is going to be forever rectified by returning to his former habits.

3d. He must make up his mind that, in addition to reforming from one habit, he will try to become better in every way possible.

4th. That he will avoid saloons as he would a bottomless pit.

5th. He must make up his mind to choose moral and temperate companions, avoiding those of opposite habits.

A man firmly pledged to these resolutions, thoroughly in earnest, will succeed. He must always be on his guard—not over-sanguine in his own strength, but recognizing a Divine Helper, always near to the unfortunate wishing to do better.

Thus resolving and performing, every man may go forward, gaining strength day by day; becoming more and more a man; regaining that which was lost; becoming established in the confidence of his fellow-men; bringing light and joy again to his own home; his body purified; his hopes and aspirations elevated; and the end is crowned with triumph in a perfected manhood.

CHLORAL HYDRATE IN PERTUSSIS.

BY J. F. STAIR, M.D., MONTICELLO, WIS.

In the November number of the *Medical News and Library*, I noticed a communication from Dr. Henry, of Burlington, Iowa, on the use of chloral in whooping-cough, in which he stated that he had used it for two years with uniform success, never having met a single case in which it was not of benefit. On November 26th, 1872, I was called to see two little patients, brother and sister, who were suffering from whooping-cough, they

having been attacked about two weeks previously. The girl, only seven months old, was apparently almost exhausted by the severity of the paroxysms. The boy, four years old, was also suffering severely, but the paroxysms were not as frequent—coming on, however, three or four times during the night with marked severity. Here, I thought, was a capital opportunity to give the chloral a trial. I accordingly ordered the following:

℞—Chloral hydrate, ʒ iij.
Spirits lavendulæ comp., ʒ i.
Syr. simp., ʒ vii.
Water, ℥ ii.—Mix.

To the boy was given two-thirds of a teaspoonful every four hours, and thirty drops were ordered to be given the babe at the same time. On visiting my patients the next day, I found the remedy had acted *like a charm*. In the case of the babe, the paroxysms of coughing had not recurred more than half as often as before the exhibition of the chloral, and were much modified in severity. The boy had had but one paroxysm of coughing in twenty-four hours. Under the use of the chloral they continued to improve, and within ten days were in no further need of treatment.

I own that my opportunities for testing the value of chloral in pertussis have been limited to these two cases; and I am aware we ought not to accredit great value to a remedy until a considerable induction of facts may warrant such claim; yet the cases given were fully up to the type, and for the reason that they yielded so *readily* to the treatment described, I have thought it my duty to communicate their history.

The spirits of lavender was added to the above prescription for the effect of its color. It imparts a beautiful pinkish hue to the mixture.

Death from Bichloride of Methylene.—At the Middlesex Hospital, London, Oct. 9th, a death occurred from the use of bichloride of methylene. The patient, male, aged 48, with a deep abscess in the buttock, and about to undergo an operation, inhaled about two drachms of the anæsthetic and died in one minute. Sylvester's method of artificial respiration and galvanism were resorted to, but without avail.

Clinical Lectures.

RUBEOLA.

LECTURE DELIVERED IN MEDICAL WABDS OF MERCY HOSPITAL. BY N. S. DAVIS, M.D., PROFESSOR OF CLINICAL MEDICINE, ETC.

Gentlemen:—The girl lying in this bed was taken sick some five or six days ago, and was brought to the Hospital on yesterday.

On examining her, you will see that she presents the characteristic eruption of measles; easily distinguished from that occurring in scarlatina by the points of eruption being aggregated in clusters, with natural skin between; and from that of small-pox, in which the eruption comes in pointed, elevated, hard nubs, not so red as in this case, presenting only a slight flush, and without the catarrhal premonitory symptoms, or weeping of the eyes. The patient is now at the stage when she is suffering oppression and tightness of the chest, with a harsh cough, which produces intense pain through the temples with each paroxysm.

In this disease, if uncomplicated, the indications for treatment are very plain and simple. The disease has a natural course to run; cannot be broken up; is self-limited; and the physician is not expected to interfere with active means, but simply to modify its severity as much as possible, so as to leave the system in the best possible condition.

Give enough of some anodyne expectorant to lessen the severity of the bronchial irritation and cough, and mitigate the pain in the head. One of the best preparations, perhaps, for cases as severe as this, consists in the following: ℞.—Syrup scillæ comp., ℥ iss.; vinum antimonii, ℥ ss.; tinct. opii camp., ℥ ij.; tinct. verat. viride, ʒ i.—M. Dose—One teaspoonful every three hours, in a tablespoonful of water.

This will, usually, in the course of twenty-four hours, lessen the fever and modify the cough, while the pain in the head will at the same time be greatly relieved.

As the period is reached when the fever begins to decline, the veratrum may be omit-

ted from the mixture, which may then be continued, given every three, four, or five hours, till the cough has entirely disappeared. The anodyne, with the expectorant, produces a very pleasant effect, and does not tend to interfere with the progress of the eruption; but you will usually find, while using this, that the bowels will become constipated, tongue coated, urine scanty, etc., which condition, if neglected, leads to a bad state of digestion, disorder of the bowels, etc.

I am not in the habit of giving physic until the eruption is fairly out; when, if the bowels have not moved for a couple of days, I direct a mild laxative, as, for instance, a combination like the following: ℞.—Hydrarg. chl. m., grs. v.; leptandrin, grs. ij.; soda bicarb., grs. v.—M. This will produce a moderately fair operation of the bowels, which may subsequently be kept in a regular condition by any simple laxative that will be most readily taken: Rochelle salts, effervescing solution, Tarrant's aperient, pil rhei comp., etc.

You will occasionally meet with cases where the patient suffers so much at night that it is best to give a tolerably full dose of Dover's powder at bed-time. A good combination for this purpose is, pulv. Doveri, vii, grs., with hydrarg. chl. mit., i gr., followed, if necessary, by a laxative in the morning. Or, you may use instead, fifteen or twenty grains of the bromide of potassium at night. This sometimes acts very favorably, but is not reliable in cases of eruptive fever.

One important thing to guard against is extension of the irritation from the bronchial tubes to the lobules of the lungs, making it complicated with lobular pneumonia.

In children under two years of age this tendency is very strong.

It is usually about the second day of the eruption that you will first be able to detect this, if it is going to occur; it may happen later; seldom, however, before the second or third day.

You will observe, first, that they do not breathe naturally, nor as from simple tightness of the bronchial tubes; but every inspiration brings out a forcible expansion of the nostrils, and at the beginning of the expiratory act there is sudden falling in of the walls of the abdomen, produced by contraction of the abdominal muscles.

These, if the case be noticed carefully, will be among the earliest symptoms to warn you of trouble with the lungs. On applying the ear to the chest, you will find a sharp, well-defined subcrepitant rhoncus.

If allowed to run along till the time for the fever to subside, you will have the little lobules of the lungs in a hepatized condition; the patient drowsy and dull; breathing short; lips blue; pulse sharp, short, and quick in stroke, and easily compressed; lips and tongue dry; patient disposed to lay with the head thrown back, eyes half open; and in a few days death will supervene.

Pneumonia is the chief source of fatality from measles.

When symptoms of pneumonia occur, in connection with measles, the best remedy in children is a combination like the following: ℞.—Liq. ammon. acetas, ℥ iss.; syrup ipecac, ℥ ss.; tinct. opii et camph., ℥ i.; tinct. verat. viride, ℥ i. The dose proportioned to the age of the child. For a child two years old, about twenty drops are usually necessary; though it is best to begin with ten drops. For an adult, one teaspoonful. It should be given every two, three, or four hours, till the fever is controlled. In the active stage of the disease, while using this mixture, cover the chest externally with fomentations.

I have considerable faith in the popular notion about onions. They certainly afford more relief to the breathing than any other thing we can use. I attribute it to the impregnation of the air which is inhaled with the volatile oil, more than to any absorption from the surface of the chest, and think this application preferable to blistering.

It will be advisable, in these cases, to give a powder, containing from half a grain to a grain of calomel, with Dover's powder, according to the age and restlessness of the patient, about three times a day. The liquid mixture may be continued, at longer intervals, until the symptoms of pneumonia have entirely disappeared.

Society Reports.

PROCEEDINGS OF CENTRAL ILLINOIS MEDICAL SOCIETY.

BLOOMINGTON, Jan. 14, 1873.

The Central Illinois Medical Society met in regular session, Dr. J. Wright, President, in the Chair.

Reading minutes of last meeting postponed till afternoon session. Regular order of business suspended, and on recommendation of Dr. R. G. Laughlin, the Society proceeded to elect the following members:

Drs. T. F. Worrell, J. L. White, D. L. Crist, A. P. Tenny, H. C. Crist, D. O. Moore, H. C. Luce, and N. B. Cole, all of Bloomington; and W. L. Pollock, M.D., of Heyworth.

On motion, adjourned to meet at two o'clock P.M.

AFTERNOON SESSION.

Called to order by President Wright.

Minutes of previous meeting read and approved.

On recommendation of Dr. Laughlin, J. Little, of Le Roy, and L. Asire, of Bloomington, were elected members of the Society.

Dr. J. J. Starkey, of the Louisville Medical College, was invited to participate in the proceedings of the Society.

Dr. W. Hill, of Committee on Surgery, made a valuable and very interesting report on Lythotomy, criticising severely some of the modern modes of operating.

On recommendation of Dr. Tenney, Dr. Lee. Smith, of Rush Medical College, was elected a member of the Society.

Dr. S. H. Birney, Chairman of Committee on Obstetrics and Diseases of Females, read a very interesting essay on Diseases of Females; the production was a valuable one, and did great credit to its author.

On motion, Dr. Hill and Dr. Birney were requested to furnish copies of their essays for publication in the Chicago Medical journals.

On motion, the publishing Committee were instructed to have one hundred copies of the Constitution and By-laws printed.

Delegates to State Medical Society:—S. H. Birney, W. G. Cochran, C. T. Orner, and W. L. Pollock.

Delegates to American Medical Society:—H. C. Luce, C. Goodbrake, S. H. Birney, J. Little, G. W. Barton, Jno. Clouser, and W. Hill.

On motion, adjourned to meet at seven o'clock P.M.

EVENING SESSION.

Called to order by Dr. Wright, President.

Dr. Laughlin, of Committee on Practical Medicine, made a practical and very interesting report on the diseases peculiar to this country since the last meeting of the Society. The report elicited a lively discussion, and the Doctor was requested to furnish a copy of it for publication in the Chicago Medical journals.

Dr. J. S. White, of Bloomington, delivered a very interesting address. Although prepared for the public, it was very interesting to the Society, as was manifested by a resolution of thanks to the Doctor for his valuable production.

The President announced the following Special committees:

Surgery:—Drs. H. C. Luce, C. Goodbrake, and S. H. Birney.

Practical Medicine:—Drs. J. T. Pearman, Z. H. Madden, and G. W. Barton.

Obstetrics and Diseases of Females:—Drs. M. S. Brown, A. P. Tenney, and J. H. Potter.

Pathology:—Dr. C. T. Orner.

Microscopy:—Dr. R. D. Bradley.

Eye and Ear:—Drs. N. B. Cole, H. C. Howard, and R. H. Huddleston.

Committee of Arrangements:—Drs. S. H. Birney, J. T. Pearman, and H. C. Howard.

Very interesting verbal reports were made by Drs. Worrell, Orner, and others.

The following resolution was unanimously adopted:

Resolved, That the thanks of the Society are due to the Committee of Arrangements, the physicians of the city, the authorities of the county, and trustees of the Methodist church for kind care and hospitalities shown us while within their midst.

On motion, the Secretary was instructed to furnish copies of proceedings for publication in the county papers.

On motion, adjourned to meet in Champaign, the second Tuesday in June, 1873.

Notwithstanding this was the first meeting of the Society since its organization, it was well attended, and the greatest interest was manifested. We expect, however, to have a still more interesting time in Champaign, next June, where we hope to meet all the physicians of the central portion of the State, and *every one* surcharged with "medical news."

J. WRIGHT, *President.*

W. G. COCHRAN, *Secretary.*

DEATH OF A NOTED SOUTHERN SURGEON.—Dr. Warren Stone, long a distinguished surgeon of New Orleans, Louisiana, died in that city, December 6, 1872, aged 65 years.

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, February 15th, 1873.

EDITORIAL.

A SUGGESTION FOR THE AMERICAN MEDICAL ASSOCIATION.

If the leading spirits in the American Medical Association wish an example of a truly *scientific* and *valuable* National Association, and of the kind of professional labor which, alone, will command the respect and enlist the sympathy of medical men throughout the country, we commend to them a perusal of the first pages of the *American Journal of Insanity* for October, containing the proceedings of the Association of Medical Superintendents of American Institutions for the Insane.

But ten pages are devoted to the necessary business of the Association, and a hundred and twenty to very interesting and readable discussions on legitimate scientific topics. The editor of the Chicago MEDICAL EXAMINER, in his examination of the various propositions for improving the organization and working power of the (American Medical) Association will please note.—*Editorial in Boston Medical and Surgical Journal, Dec. 12th*, 1872.

May it please our *confrere* of the Boston *Journal*, we have *noted*. And what is the result? Why are the Procedings of the Association of Medical Superintendents of Institutions for the Insane largely composed of "interesting and valuable discussions," to the exclusion of much other irrelevant matter?

Is it because there is anything peculiar in the plan of organization of that Association, its rules or by-laws? Not at all. It is simply because the meetings of that organization are attended by less than *three-score* of members, all engaged in one special department of professional work, and they secure adequate reports of their discussions.

On the other hand, the meetings of the American Medical Association are attended by from three hundred to six hundred members, representing every department of the healing-art; among whom the representatives of the various *specialties* would, alone, outnumber the membership of the Association of Superintendents of Insane Institutions.

That scientific papers can not be read, patiently listened to, and intelligently discussed, in such an assembly, must be apparent to every thoughtful mind.

And such was amply demonstrated to be the case during the first five or six years of the existence of the American Medical Association. The senior editor of THE MEDICAL EXAMINER made due *note* of the important fact at the time; and instead of sitting down in his editorial sanctum and grumbling about it, and writing down the Association a failure, he made an effort to correct the evil, by dividing the Association into Sections, each of which should represent an important department of medicine, and take charge of the reading and discussion of all papers and topics relating to such department. The general meetings were to be restricted to a few hours each morning, and the rest of the day to work in the several Sections.

He expected that each of these Sections would become permanently organized, with efficient officers, permanent records, and be provided with as suitable rooms to hold their meetings in as the Association itself. Indeed, when the plan first went into operation, at New Haven, in 1860, he anticipated that a very few years would be sufficient to make the practical working of each of the subordinate *Sections* of the Association as complete and efficient as the Association of Medical Superintendents now is. But so imperfectly have these Sections been understood, and so silent has been the medical press of the country concerning them, that scarcely more than half of the local Committees of Arrangements appointed from year to year have known how many Sections there were, or provided any suitable rooms for

their accommodation. If the editors of the Boston *Journal*, of the New York *Medical Record*, and of a score of other influential journals in different parts of the country, "will please *note*" these facts, and immediately commence diffusing a correct knowledge of the nature, objects, and importance of the Sections among their readers, and aid us in getting the Committee of Arrangements for the next meeting in St. Louis, not only to provide good rooms for the Sections, and a bulletin board on the platform, at the first general morning session, announcing the papers to be read, or questions to be discussed, in each Section in the afternoon, but also to employ a good reporter for each Section meeting, as suggested in THE EXAMINER two or three months since, they will have, as an aggregate result, not one hundred and twenty, but three hundred pages of "interesting and valuable discussions" for every ten pages devoted to ordinary miscellaneous business. What say you, brethren?

Domestic Correspondence.

GRANDVIEW, Ill., Jan. 8th, 1873.

EDITORS MEDICAL EXAMINER:—At a regular meeting of the Esculapian Society of the Wabash Valley, held at Tuscola, Ill., Nov. 27th and 28th, 1872, the following resolutions were unanimously adopted:

Section 1st. That no member of this Society shall receive a student in medicine until he shall have been examined by the Board of Censors, and received a certificate of qualification, signed by at least three of their number, and countersigned by the Secretary of this Society.

Sec. 2d. That it shall be the duty of the Censors to examine applicants for the study of medicine as to their literary and other qualifications, subject to such rules and regulations as may be prescribed by the Society; and they shall give a certificate of qualification to such as pass a satisfactory examination.

Sec. 3d. It shall be the duty of the Secretary to countersign the certificates of qualification of medical students given by the Censors, and enter such certificate into the published minutes of the Society.

Sec. 4th. Students must satisfy the Censors, by certificate or diploma from competent literary schools, or by examination, that they possess a good elementary knowledge of the following English branches, viz.: Orthography, Reading, English Grammar and Composition, Arithmetic, Algebra, Geometry, and Plane Trigonometry, Botany, Natural Philosophy, and Inorganic Chemistry; and enough Latin to enable them to read, write, or translate correctly any Latin or English prescription given them.

Sec. 5th. The Secretary shall, upon the order of the Society, give students who have received certificates of qualification a certificate setting forth the length of time that they have devoted to the study of medicine, under whom, and that he is a regular practitioner of medicine in good professional standing, which certificate shall also be entered into the published minutes of the Society.

Comment by us is hardly necessary; but we trust that this is an initiatory step in the right place and direction to remove some of the difficulties that complicate the question of medical education. That time and experience may require the above resolutions to be greatly modified, there can be little doubt; but everything must have a beginning.

Any criticisms or suggestions will be thankfully received.

Respectfully yours, etc.,

WILLIAM MASSIE, M.D.

Gleanings from Our Exchanges.

THE ELECTRIC BATH.—Alexander Murray, M.D. (*N. Y. Med. Journal*, Oct., 1872), states, from his experience and personal use of the electric bath during the last five years, he finds it a pleasant, invigorating, and useful adjunct in the treatment of diseases. He speaks with confidence, and without speculation, as to the beneficial effects in all forms of rheumatism and allied diseases, hysteria, chorea, paralysis, amenorrhœa, diseases of the bladder, cholera-morbus, cholera-infantum, and wasting diseases of children, etc. The length of time to remain in the bath should range from ten to twenty-five minutes. For children, five to ten minutes will be sufficient (Children are so delighted with its pleasant, exhilarating sensations, that it is difficult to get them to leave the bath). The best time to take the bath is between breakfast and dinner, or a short time before retiring to bed. It may be taken at any time when a person may not feel in his usual health, or during the

prevalence of an epidemic, or an unusual electrical state of the atmosphere, but never when the stomach is full of food. There need be no apprehension of catching cold after taking the bath, by going out directly in the cold air. In using the galvanic current, and to avoid giddiness and other unpleasant sensations, the positive pole should be placed at the feet, and the negative at the head. To apply electricity to a patient while in the bath, the quantity of water in the bath-tub should be reduced, so that the upper surface of the body would be uncovered of water; then let the physician cover the body with a large towel well wet with the water of the bath, and commence the application of electricity at the head downward, over any part or parts of the body desired, by means of a large sponge-covered electrode connected with the positive pole of the battery. The patient should at the same time keep one or both feet pressed firmly against the metal plate at the foot of the tub.—*Med. Record.*

Experimental Researches on Pericarditis. — S. H. Chapman, M.D., of New York, records his observations on "Pericarditis," with twelve wood-cuts, in the October number of the *American Journal of Medical Sciences*, as furnishing additional proof of the truth of the opinions held by Stricker in his controversy with Cohnheim. The specimens collected by him upon this subject during these studies were shown by Professor Stricker, in the course of his argument, for examination by the general assembly at Leipzig. The results of the investigations upon the inflamed pericardium are as follows: 1st. All cell elements of a tissue during inflammation multiply. 2d. New formation takes place, first, of cells; second, of connective tissue (false membranes); and, third, most probably of nerves.—*Medical Record.*

Oxytoxic Action of Quinine.—R. H. Rutland, M.D., of Las Animas, Colorado (*Am. Jour. Med. Sciences*, Oct. 1872), has for eighteen years prescribed quinia in large doses, regardless of the pregnant condition of the patient, and has never seen any unfavorable result. Indeed, in treating a patient suffering from malarial fever, and threatened abortion, he esteems quinia the surest remedy for averting it; not because it possesses any special power to procure uterine quietude, but because it would break up the morbid excitement upon which the uterine activity most probably depended. That quinia has no special oxytoxic properties in cases in which it is indicated, he is as well satisfied as of any therapeutic fact.

Septicæmia.—M. Davaine, in his second paper on Septicæmia, read at the Academy of Medicine on the 8th inst., stated that he proposed examining two questions, viz.: Does septicæmia, experimentally produced, invade all animals indiscriminately, or does it exert its special effects on certain species? And what is the condition which imparts an extraordinary virulence to the blood of an animal inoculated with a putrified substance?

His researches, already recorded, have established the fact that the intensity of the affection so produced is not proportionate to the volume or mass of the animal, but that it is in relation with the nature of (to use M. Claude Bernard's expression) its *milieu interieur—i.e.*, it is a question of species. Thus, while the rabbit is so extraordinary susceptible as to be speedily killed with the trillionth or quintillionth of a drop of virulent blood, the guinea pig, a smaller animal of very similar habits, does not always fall a victim to strong doses, and is proof against the small ones which kill the rabbit. Experiments, since performed on the rat, mouse, and fowls, further show the different susceptibilities of different species.—*Times and Gazette, Oct.* 19, 1872.

Intermediate Amputation. — Joseph W. Thompson, M.D., Paducah, Ky., (*Richmond and Louisville Medical Journal*, September, 1872), in cases of compound fracture of the lower extremeties, does not believe, as a general thing, in amputations in the intermediate stage. When the time for primary amputation, which is established as decidedly the most favorable stage, has passed, he thinks surgeons had better trust the dangers that may arise in the intermediate condition, be they ever so grave, and await to take the chances of secondary amputation. He is satisfied that if accurate statistics on this point could be had, they would show a better success in taking the chances of the patient passing through the perils of the intermediate period, and then making a secondary operation. He publishes two interesting cases, in connection with his remarks.

Chloroform in Eclampsia. — Benjamin Rhett, M.D., of Abbeville, S. C. (*Richmond and Louisville Medical Journal*, September, 1872), gives affirmative evidence of the value of the prolonged use of chloroform for allaying the irritability of the brain in cases of eclampsia; and does not hesitate to commend it to the attention of the profession, not as a curative, but controlling agent in this frightful malady.—*Medical Record.*

HONORARY FELLOWS OF THE OBSTETRICAL SOCIETY OF LONDON.—At a late meeting of the Obstetrical Society of London, the following gentlemen of New York city were elected Honorary Fellows of the Society: Dr. Fordyce Barker and T. Gaillard Thomas.

MENTAL VIGOR IN OLD AGE.—It is said of Arnauld, the Jansenist, that he wished his friend Nicole to assist him in a new work. Nicole replied: "We are now old; is it not time to rest?" "Rest!" exclaimed Arnauld, "have we not all eternity to rest in."

THE INVENTOR OF SPECTACLES.—On a tombstone in Florence is this inscription:—"Here lies Salvino Armato d' Armati, of Florence, the inventor of spectacles. May God pardon his sins. The year 1318."

DR. AUSTIN FLINT has been elected President of the New York Academy of Medicine.

Book Reviews.

Hand-Book of Physiology. By William S. Kirkes, M.D. Edited by W. Morrant Baker, F.R., C.S., etc. With two hundred and forty-eight illustrations. Eighth edition. London: John Murray, Albemarle street. Philadelphia: Lindsay & Blakiston. Price $5.00.

A volume of 800 pages, forming a fairly practical, comprehensive *hand-book*, but inferior, in many respects, to our own American text-books on the subject.

Clinical Lectures on Diseases Peculiar to Women. By Lambe Atthill, M.D. University of Dublin. Second edition, revised and enlarged. Philadelphia: Lindsay & Blakiston. Price $2.25.

This is a small volume of 240 pages, illustrated with several lithograph-plates and wood-cuts. It embraces fifteen lectures on the following topics: Leucorrhœa, Amenorrhœa, Dysmenhorrhœa, Menorrhagia, Polypus, Mucous, Cistic, Fibrous, etc.; Fibrous Tumors, Ovarian Cystic Disease; Inflammation of Cervix Uteri; Displacements of Uterus; Enlargements of Uterus; Cancer.

The author lays claim to no special originality in the views put forward on these subjects. He has merely endeavored to present a concise, practical consideration of the recent advances which have been made in the medical and surgical treatment of this class of diseases. The author is a strong advocate of the use of nitric acid as an application to the interior of the uterus, a mode of treatment, he says, "which, I am confident, will yet be practiced as extensively by other obstetric surgeons, as it now is by those of the Dublin school."

Aids to the Diagnosis of Diseases of the Kidneys. By W. R. Basham, M.D. Philadelphia: Lindsay & Blakiston Price $2.

This little volume is mainly made up of lithograph-plates, representing the microscopical appearance of the urinary sediments in the various kidney diseases. The plates are very distinctly and accurately drawn, and, with their aid, the most inexperienced observer should be enabled to distinguish, with tolerable accuracy, the various pathological changes and conditions of the kidneys, as revealed in the microscopical examination of the urine. The text is made up simply of short notes explanatory of the plates.

Obstetric Aphorisms, for the use of Students commencing Midwifery Practice. By Jos. G. Swayne, M.D. Second American, from Fifth English Edition, with Additions, by Edward S. Hutchins, M.D. Philadelphia: Henry C. Lea. For sale by Jansen, McClurg & Co., Chicago.

This little work undertakes merely to supply the student or young practitioner with a few brief and practical directions respecting the management of ordinary labor, and to so far explain the diagnosis of extraordinary cases as to enable them the more easily to decide when they may safely act on their own responsibility, and when they ought to send for assistance.

It is a pocket-companion from which the inexperienced beginner in midwifery practice would frequently derive the greatest comfort and assistance.

CUNDURANGO.—Fluid extract Cundurango, representing 480 grains of the bark in each fluid ounce; also, Cundurango bark, of known reliability. E. H. SARGENT, Chemist, 785 Wabash av., Chicago.

COUNTRY PRACTICE FOR SALE.—A desirable country practice for sale. Terms very moderate. For particulars, address S. H. DRAKE, M.D., Rossville, Allamakee Co., Iowa.

Original Communications.

A SHORT ACCOUNT OF TWO CASES OF CANCER OF THE LIVER.

BY M. REECE, M.D., ABINGDON, ILL.

During the months of August, September, and October, it fell to my lot to be in attendance on two cases of cancer of the liver at the same time, a circumstance, I imagine, quite rare in the practice of physicians generally.

G. W., aged forty-eight; bilious temperament; farmer, had his attention arrested by a mole situated near the lower border of the ribs, on the left side. This mole was about half an inch in length, and a third of an inch in width. It was congenital. It frequently became sore from the friction of the clothing.

Fearing that it was, or might become a cancer, he wished to have it extirpated. He was told that it was not a cancer, and that he could have it removed at any time. Still, apprehensive that it was a malignant tumor, and with an undefined feeling of dread with regard to it, about the middle of last February he applied for its removal. It was destroyed by the application of caustic potash; the sore caused by the potash healed perfectly.

About two months after the removal of the mole, a small tumor appeared in the left axilla. It was believed to be an enlarged axillary gland which would soon pass into suppuration. It however continued slowly to increase in size until it became as large as on orange. It was not very hard, but gave a doughy sensation to the touch. His general health during the early period of the growth of this tumor seemed to be good, but now gradually began to fail. Symptoms of dyspepsia, with severe pain in the stomach, came on. This pain increased in severity greatly. He referred all his pain and suffering to the region of the stomach. The stomach and bowels were greatly and constantly distended with gas.

About the last of August the pain in the stomach reached its greatest intensity. Previous to this time he had been able to walk around, but now was confined to his bed. There was but little pain in the tumor in the axilla.

He could only take the lightest nourishment, generally beef-tea with crackers. The legs and feet were edematous; the urine was inky-black; the bowels constipated; the conjunctiva slightly tinged yellow; but no other symptoms of jaundice. Pulse 120 to 130. Temperature 102°. The tumor in the axilla continued to grow, the desire for food constantly diminished; and he gradually sunk, and died on the 4th of October.

Post mortem ten hours after death: No cadaveric rigidity. The body was not greatly emaciated. Considerable distension of the abdomen, especially in the region of the stomach. Just beneath the skin, over the chest, abdomen, and inner portion of the thighs, were numerous black nodules, varying from the size of a small shot to that of a hazel-nut. They were hard, and felt like a shot beneath the skin. When cut they creaked with the sound peculiar to scirrhus substances. Their material, in color, was of a sooty black.

Incising the tumor in the axilla, to the depth of two inches, a soft, pulpy substance was reached, of the consistence of syrup, and of a brownish-red color. The construction of this tumor was undoubtedly cancerous.

The stomach contained a pint and a half of a dirty, green fluid, and was distended with gas. With the exception of being unnaturally dilated, it was unaffected. The liver was of a black color, like black velvet. Over the upper and under surfaces were numerous spots about an inch in diameter. They were raised somewhat like a blister, and contained a black juice. Some were small, very much like a grape, with half its substance buried in the liver. Hanging from the under surface were three tumors of the size of a hulled walnut; they were round, and attached to the liver by a small pedicle. They contained an inky-black substance. The posterior portions of the liver were attached to the wall of the chest, and to the diaphragm, by a cancerous mass as large as the

two fists. There was a great deal of dyspnœa during life, and I suppose this to be the explanation of it. The gall-bladder was filled with bile, but was not diseased. The liver weighed seven pounds. The structure of the other organs was unaffected.

I suppose this to have been a case where the cancerous deposits were secondary, which, according to Frerichs, and other writers, is the most usual form of cancer of the liver; but the following I believe to have been a case of primary cancer of the liver.

Mrs. P., aged sixty, began to complain of a pain in her right side and shoulder during the month of August last. This gradually increased in intensity, and she also became deeply and universally jaundiced. The urine was of a saffron color, the fæces clay-colored. Her pulse varied from 80 to 90, the temperature of the body about normal. Her appetite disappeared, and her strength rapidly failed. Towards the last she vomited a bloody serum. She also passed the same material by the bowels. Ten days before her death, a hard mass, of the size of a hen's egg, could be felt beneath the border of the ribs, on the right side. A prominent feature in her case was a foreboding that she would not get well. This feeling existed before she was confined to her bed, or her disease was thought to be serious. This premonition also existed in the preceding case. It is a condition I have learned to respect as significant of grave disease. She died, from exhaustion, November 2d.

At the *post mortem*, the body did not appear much emaciated. The sub-cutaneous fat was in abundance. The liver at once revealed the cause of the jaundice. Its upper and under surfaces were studded with nodules, from the size of a quarter to that of a half-dollar—raised above the surface, depressed in the center, of a yellow color, and of a hard, cheesy consistence. These nodules were disseminated throughout the liver in great abundance; in the interior of its substance some being as large as an orange. There was indeed but very little of the healthy tissue of the liver remaining. The gall-bladder had disappeared. It seemed to have been surrounded by the cancerous material. A cavity formed, filled with gall-stones, varying in size from a small shot to a pigeon's egg. They were seventy-eight in number. One, as large as a hickory-nut, appeared to have ulcerated through the wall of the gall-bladder, and occupied a cavity by itself. The posterior portion of the right lobe of the liver was converted into a scirrhus mass as large as the fist. The other organs were healthy.

A CASE OF FOREIGN BODY IN THE EAR.

BY D. J. M^{C}MILLAN, M.D., BIGGSVILLE, ILL.

The Rev. Crawford, who was visiting at my house, with family, requested me to examine his little girl's ear for some foreign substance, which was seen, and supposed to be a grain of pop-corn. The history given was this: The child (four years old last October) while playing with some pop-corn, three years and four months ago, put several kernels in the left ear. Several unpopped grains were removed at the time, and, it was supposed, all of them.

Nothing more was thought of the matter until about a year after. At this time the child had the whooping-cough; and after a coughing spell, on looking into the ear, something resembling a grain of pop-corn was seen.

Drs. Heller and Reese, of Abingdon, were sent for. Before they came, however, the foreign substance had disappeared, and the doctors, not being able to discover anything, came to the conclusion that if anything had been there, it was thrown out in a fit of coughing.

Time passed on until about six weeks ago. Some shining substance again made its appearance in the external meatus. A strong suspicion was again aroused that this was the veritable grain of corn supposed to have been left in the ear over three years previous. This suspicion was the more plausible from the fact that, since the accident first occurred, the child had been greatly afflicted with the

earache; and of late marked deafness had supervened, although no discharge had occurred, and the deafness and earache had seemingly been the same in both ears.

Dr. McDill, of this place, was called in. With the aid of a speculum he discovered a hard substance, deep in the cavity of the ear; but owing to the nervous irritability of the little patient, failed in extracting whatever it was. He ordered the ear to be syringed, hoping by this means to dislodge it. The syringing was followed as directed; and frequently the shining substance could be seen, but not expelled. It was at this stage of the case that I was requested to examine the ear. On examination, found a hard, shining body midway between the tympanum and the opening of the external meatus; and finding it impossible to get the child still enough to extract with instruments, concluded to try the plan of Dr. Gowenberg, of Paris, as detailed in the September number of THE EXAMINER. A small brush was made by rolling two layers of thin, old muslin on a match, letting the muslin project the eighth of an inch over the end, and raveling the free edge out up to the match, after it was fastened by a thread. The patient was then got ready by placing in a cradle, with the affected ear up, and in such an inclination as to let the light fall on the object. The glue being heated to liquid consistency, the point of the brush was dipped so as to retain but a small amount of the glue, and then gently passed down the cavity of the ear until the object was felt, and left in that position for three-quarters of an hour. At the end of that time the brush was gently pulled in the axis of the external opening of the ear until withdrawn. A hard, rounded substance remained firmly attached to the glue on the end of the brush, which, after due inspection, proved to be a discolored grain of pop-corn, which the parents firmly believe had been in the ear three years and four months. They (the parents) are confident the child has not had any chance to get the corn in the ear since the time spoken of, over three years previous. What is singular, is the corn remaining such a length of time without generating, or decaying in some way, or producing inflammation and suppuration, and thus being expelled by nature's process.

THE BEST CATHETER FOR PATIENTS WITH ENLARGED PROSTATE.

BY EDMUND ANDREWS, M. D., PROFESSOR OF SURGERY IN CHICAGO MEDICAL COLLEGE.

It seems not to be generally known, while men are inventing costly and complicated silver catheters for cases of enlarged prostate, that there is already in existence a very simple and inexpensive one, which is as near to absolute perfection as human inventions usually get. I refer to Mercier's *sonde coudee.*

Apparently this instrument is as unknown in England as in the United States; for, while some of us have used it in Chicago for the last six years, the London *Lancet* of November gives an engraving of it, as one of the valuable things with which English surgeons are yet unacquainted.

It is very surprising that an article so valuable is so little known. In obtaining my last supply I ransacked New York and Philadelphia in vain, and was forced to send to London. Even there, by purchasing two dozen, I exhausted the stock of that great city. Paris probably might have furnished them, only it was inaccessible in consequence of the late siege.

For cases of enlarged prostate, Mercier's *sonde coudee* is a splendid instrument. It slips into the bladder without resistance or pain, when every effort with the ordinary silver instrument only brings blood. The patient himself can use it with ease, safety and comfort, and thus prevent much of the distress and misery which old men often suffer from retention of urine. It is not alone in cases of enlarged prostate that this instrument is useful. It is superior to any other for nineteen-twentieths of the male patients by whom a catheter is required, and will, when it is better known, almost totally supplant the other forms now in use.

The *sonde coudee* is very simple. It con-

sists of a black, flexible catheter, having two peculiarities:

1st. Its walls are about twice or thrice thicker than the ordinary catheter, so that it possesses a mixed flexibility and firmness, which enable it to conform easily to the curves of the urethra, and yet it requires no wire when inserted.

2d. Half an inch from the tip it is bent forward at an obtuse angle. This curve is the peculiarity which enables it to slip past the overhanging central lobe of the prostate. Its extremity strikes the lobe obliquely, lifting it a little, while the flexibility of the instrument allows it to bend forward and evade the obstacle with the greatest ease.

These catheters cost a dollar each at retail. When the demand shall cause them to be manufactured more abundantly, they will probably be retailed at fifty cents. At present they are to be found in this city only at E. H. Sargent's; but Degenhardt, and Bliss & Torrey, have ordered them from Europe, and will soon have a full supply. If a brisk demand springs up on the part of the profession, they will soon be kept in every drug store.

There is a very ingenious silver prostatic catheter, which has its curved portion made of movable joints. This does excellently well, but is necessarily somewhat expensive; and one cannot help feeling that if the instrument becomes weakened by age and use, or is faultily constructed in the first place, the terminal joints may some time drop off in the bladder. However, this could probably be guarded against by always trying its strength with the hand before introducing it.

There is sometimes sold a prostatic catheter of metal, whose peculiarity consists in a short curve at the end. This is better for such purposes than the old-fashioned silver instrument, but by no means equal to the two kinds before mentioned.

No. 6 Sixteenth street, Chicago.

A Substitute for Quinia.—Carbazotate of ammonia is given, with successful results, in France, in place of quinine. It is given in 2 *ctgr.* doses, in the form of a pill.

Clinical Lectures.

CARDIAC DISEASES—PROBABLE ATHEROMATOUS DEPOSITS, ETC.

LECTURE DELIVERED IN MEDICAL WARDS OF MERCY HOSPITAL. BY N. S. DAVIS, M.D., PROFESSOR OF CLINICAL MEDICINE, ETC.

Gentlemen:—I bring to your notice to-day a case, the past history of which, with the present examination, will reveal several items of much interest and practical value. The patient before you is a man born in Europe; past the middle period of life; well-developed physical system; active, sanguine temperament; and a resident in this country only a few years. He first came under my observation one year since, when I found him occupying a bed in Ward 11 of this Hospital. At that time he had undergone some loss of flesh; his face was pale, with a little œdematous puffiness under the eyes; the skin was natural in temperature, and soft; the pulse small, feeble, and extremely irregular; the cardiac impulse feeble, and its motions so irregular and tremulous as to render it very difficult to analyze its sounds; the respiration labored and difficult, with a harsh cough, and dry, wheezing, piping rhonchi over the whole chest, but with little or no dullness on percussion. His mouth and tongue were moist and clean; urine scanty and high-colored; bowels slightly costive, and appetite poor. He had been gradually losing the use of his lower extremities for several months, and at the time of his admission into the Hospital, he could neither walk nor stand upon his feet, though he could move them a little by voluntary effort when lying in bed. The tops of his feet and ankles were slightly œdematous, and he complained of wandering, neuralgic pains. He had complained of shortness of breath, with palpitations, when exercising actively, and occasional attacks of asthma, for several months.

For these difficulties, some physician had made an issue in his left arm, near the insertion of the deltoid muscle. From some cause, this issue had assumed an appearance

of gangrene, with an areola of dark redness and tumefaction around it.

Such was the condition of the patient at the time he came to the Hospital, about twelve months since. His occupation had kept him much within doors, and from early boyhood he had been accustomed to the use of fermented drinks and tobacco. His pipe was in use most of the time during the day; and so necessary was his drink considered, that his friends brought to the Hospital with him quite an array of bottles of what they called "*choice*" wine. Analysis showed no albumen in the urine; and after the action of the heart had been rendered more quiet and regular by rest and remedies, the only indication of valvular disease that could be detected was a slight purring or roughness accompanying the systole. In calling the attention of the clinical class, then attending the Hospital, to his case, the feeble cardiac impulse, with the constant tendency to irregular tremulus motion, and inefficient capillary circulation in the lungs, were attributed to fatty degeneration of the heart, aided by the more direct sedative effects of tobacco on the ganglionic and vaso-motor nervous apparatus. The same influences were also regarded as the efficient causes of the paraplegia and general muscular weakness. No one can understand the exact pathological conditions involved in this and similar cases, without a clear appreciation of the effects of certain habits on the processes of nutrition and disintegration or tissue metamorphosis.

Year after year this patient had kept his blood almost constantly impregnated with a small quantity of alcohol, by the daily use of wine and other fermented drinks. The presence of this agent not only lessened the daily interchange of carbonic acid gas for oxygen through the lungs, but also retarded the atomic changes in the tissues generally, and thereby favored the retention of an excess of effete matter, more especially carbonaceous matter, in the system. These deviations from the strictly healthy standard of action being slight, did not immediately develop notable morbid action, but from their persistence year after year they gradually caused an accumulation of fatty matter, most prominent in the omentum, giving prominence to the upper and anterior part of the abdomen, over the base of the heart, and finally the deposit of fat granules in the muscular structure of the heart and arteries. Similar changes frequently take place in the parenchymy of the liver and kidneys. In our patient the constant use of tobacco had added a still further debilitating influence on the functions of the pneumogastric and ganglionic nerves. Viewing his case in this aspect, I persuaded him at that time to wholly abandon the use of alcoholic beverages of every kind, and to limit the amount of tobacco as closely as possible.

To increase the capacity of the blood for absorbing oxygen in the lungs, and thereby increase the action of that agent on the fatty tissues, I gave the patient ten grains of chlorate of potassa, dissolved in mucilage of gum arabic, after each meal. To lessen the severity of his cough, and render his heart's action more steady and efficient, I gave him a teaspoonful of the following mixture before each meal-time:

℞.—Hydrochlorate of ammonia, ʒ iii.
Tart. ant. et. pot., 2 grs.
Sulph. morph., 3 grs.
Tinct. digitalis, ℥ i.
Syrup liquorice, ℥ iii.—Mix.

He was allowed any plain, light food his appetite might require. Under this management, in ten days, his circulation and respiration were so much improved, that the hydrochlorate of ammonia and digitalis mixture was limited to one dose before breakfast and at bed-time; but the chlorate of potassa was continued, and the thirtieth of a grain of strychnia added to each dose. At the end of three months he had so far recovered that he could walk with facility, and even go up and down stairs with only a little inconvenience on account of shortness of breath. He then nearly discontinued medical treatment and began to act in the capacity of a *nurse* for other patients in the Hospital, and has continued to act efficiently in that capacity until the present time. But during the

last five or six weeks he has several times spoken to me about an increasing dyspnœa, especially on going up stairs, and occasional palpitation of the heart. On examining his chest by auscultation, a few days since, I found such morbid sounds as I thought would be interesting and profitable for you, and hence he has kindly come before you for examination to-day. If you will be both silent and patient, each one of you can take the stethoscope in turn, and listen carefully, over the cardiac region and up the course of the aorta to its arch; and you will find over the base of the heart, just on the median or sternal side of the nipple, a well marked, loud, valvular murmur, synchronous with the systole of the ventricles. As you move the stethoscope successively upward in the course of the aorta, the morbid sound rapidly diminishes until you reach the junction of the cartilage of the second rib with the sternum, and there you find a morbid sound, even more loud and rough than over the base of the heart. While making this examination you will also observe some mixture of dry and moist rhonchi, with prolonged expiration. The morbid sounds connected with the circulation, taken in connection with the previous history of the case, render it highly probable that the semi-lunar valves of the aorta have become thickened, and perhaps their edges fringed with atheromatous deposits, and that a similar change has taken place in the inner coats of the aorta, a little below its arch. The bronchial rhonchi are caused by chronic congestion, and perhaps thickening of the lining membrane of the smaller bronchial tubes. The ultimate prognosis is, of course, unfavorable; and yet by proper regulation of diet and exercise, avoiding all excesses, and as far as possible counteracting the tendency to atheromatous or fatty degenerations and deposits, by a return to the use of the chlorate of potassa dissolved in mucilage, he may still have life prolonged and rendered moderately useful for two or three years.

Fibroid Tumors of the Uterus.—Alfred Meadows, M.D., London, England (*Am. Jour. Obstetrics*) in his "Remarks on the Diagnosis and Surgical Treatment of Fibroid Tumors of the Uterus," says that, having determined the situation of the tumor and its interstitial character, one is justified in attempting the removal of these tumors, even though they be not intra-uterine or submucous, but are situated in the substance of the uterus itself, provided a proper canal be inaugurated. His plan is, first of all, to prepare the passages for the expulsion of the growth, and, secondly, to detach the tumor from as much of its surroundings as possible, so that, by making of it a foreign body, nature may aid in its removal, as she would in the case of a dead fœtus or a mole-pregnancy, or even a uterine polypus. Lastly, when nature has been given fair play, the ecraseur should come to the rescue, and remove at once what might otherwise be the work of many months or years. He had recently under his care a case in which the tumor was completely imbedded in the substance of the uterus, so much so that the os was not dilated in the very least; and he had the satisfaction, after three or four operations, of completely removing the tumor, which was of the size of a small cocoa-nut. The patient is now perfectly well.

At the date of writing he had two other cases of the same kind, but in both the tumor was much larger. He had commenced with the same plan of treatment in these cases, and he had every reason to believe that a cure would be effected.

The first step in the process is to prepare the passages for the removal of the tumor. For this purpose he recommends free division of the cervix uteri in one or more directions. The next step is breaking with the finger through the capsule, and little by little detaching the tumor from its bed. During the intervals efforts should be made, by the administration of ergot, borax, cinnamon, and other so-called oxytoxics, to secure contraction of the uterus, so as to favor nature's method of expulsion. Galvanism is also another agent of great power in this respect; and a firm bandage is of service in cases where the tumor is large and projects well into the abdomial cavity.—*Med. Record.*

Extensive Drainage in Anasarca.—The Boston *Med. & Surg. Journal* describes a novel treatment of anasarca employed by a surgeon in Prussia. Twenty-five hypodermic canulæ were introduced through the skin, in different parts, and left there three days, during which time twenty quarts of fluid were discharged. The fluid was conducted into vessels through elastic tubes. No inflammation or other unpleasant results followed.

THE
MEDICAL EXAMINER.
A Semi-Monthly Journal of Medical Sciences.
EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, March 1st, 1873.

EDITORIAL.

SUMMER TERM OF MEDICAL INSTRUCTION.—The regular spring and summer course of instruction in the Chicago Medical College will commence on the first of April, and continue until the first of July. The arrangements for this course have been made more complete than for any previous year. It will embrace three regular didactic lectures per day, occupying from 9 to 12 o'clock A. M.; daily clinics in the Mercy Hospital and Davis Free Dispensary from 1½ to 3 o'clock P. M., the same as during the winter term; and instruction in Practical Chemistry and Microscopy in the Chemical and Microscopic Labratories.

All students who can remain in the city until the first of July will find this a most profitable course.

Material for dissection, which was deficient during a part of the winter, is now abundant, and will continue so during the spring. For further information, application can be made to Prof. D. T. Nelson, for printed circular.

THE SANITARIAN.—We have received an announcement stating that a new monthly journal, with the above title, will be commenced about the first of March, to be published by A. S. Barnes & Co., 111 and 113 Wilbro street, New York, and edited by A. N. Bell, M. D., of Brooklyn. It will be devoted to the cultivation of Sanitary Science and Improvement, as applicable in all the relations of life.

The Editor is admirably qualified for the management of such a work; and we trust the enterprise will be sustained by a liberal patronage.

It will be octavo size; forty-eight pages; monthly; at $3.00 per annum.

COMMENCEMENT EXERCISES.—The public Commencement exercises of the Chicago Medical College, Medical Department of Northwestern University, will take place on Wednesday and Thursday, the 12th and 13th of March. The afternoon of Wednesday will be occupied in the reading of Theses and in the public examination of the candidates for graduation in class. The confering of the degrees, and the valedictory addresses, will be on the afternoon of Thursday.

ALUMNI ASSOCIATION OF CHICAGO MEDICAL COLLEGE.—The annual reunion of this Society will be held in the College Hall, corner of Prairie avenue and Twenty-sixth street, on the 13th of March, at 10 o'clock A. M. The Secretary desires us to request every member to be present if possible. The public Commencement exercises of the College will be held in the afternoon of the same day.

AMERICAN MEDICAL ASSOCIATION.—The Twenty-fourth annual session of this Association will be held in St. Louis, Mo., commencing May 6th, 1873, at 11 A. M. We have just received a circular from the permanent Secretary, announcing the committees expected to report, etc., which we will publish in our next number.

RUSH MEDICAL COLLEGE.—The Commencement exercises of this college took place in a public hall on Twenty-second street, on the evening of Wednesday, February 19th. The degree of M. D. was conferred by the President of the College, Prof. J. W. Freer, on 62 candidates; and the valedictory was delivered by Prof. Walter Hay, who was recently appointed adjunct Professor of Practical Medicine. A regular spring course of instruction is also to be given in connection with this College.

IN PRESS.—A volume of Clinical Lectures, on Various Important Diseases, delivered in the Medical Wards of the Mercy Hospital, by Prof. N. S. Davis, collected and arranged by F. H. Davis M.D., will be ready for sale about the middle of the present month.

Gleanings from Our Exchanges.

ON THE ACTION OF CABBAGE LEAVES ON ULCERS AND DISEASES OF THE SKIN.

The following is from *The Doctor*, February 1st., 1873 :

Dr. Blanc has published, in some late numbers of the *Revue de Therapeutique*, a very long memoir on the above. Space would fail us to reproduce it, but we believe it would interest our readers if we introduced to them at least his conclusions.

Moreover, he works with an external therapeutic agent so easy to obtain, that its name alone is sufficient to arrest the attention of medical men.

This memoir, Dr. Blanc says in closing, establishes sufficiently how useful the cabbage leaf is in many cases of cutaneous disease, by actions new, in a practical as well as a theoretical point of view. These facts have their laws. I will formulate them, as I understand it, in the following propositions :—

1. The cabbage leaf excites and augments suppuration, or the secretion of ulcers, ulcerations, vesicles, and pustules. It has the same action on the integuments affected by an erysipelatous or furunculous inflammation, but recovers tissues in a morbid condition.

2. This augmentation of suppuration is constantly followed by an amelioration, and often by a cure. It is the condition necessary to the result ; and the property of the leaf, which determines this result, is an indirectly curative property.

3. This property does not consist in any principle which the leaf yields for absorption, but rather in an affinity which the leaf has for the vitiated secretions.

4. The leaf exercises this affinity on open ulcers, or on ulcers covered by a thick or thin scab or crust ; it exercises it on the thickened epidermis, or where it is converted into thickened rind-like membranes ; in simple or confluent variola, throughout mortified tissues, through the integuments, whether inflamed or non-inflamed, but recovers tumors capable of absorption.

5. When the tegumentary affection is wide-spread or general, the action of the leaves, on the parts where they are applied, benefits the whole disease.

6. The matter in the parts not covered by leaves is absorbed, and at once directed under the leaves to be immediately excreted at that part.

7. Treatment by the leaves of a suppurative affection prevents re-absorption and consequent pyæmia.

8. The cure obtained by this means is more complete and certain than by any other, because it is brought about only when the cause and products of disease are eliminated from the system.

9. This mode of treatment is in perfect harmony of action with the *vis medicatrix naturæ*. This essays in skin diseases to eject from the system their cause and effects, whilst the leaves aid this action.

10. The cure of an ulcer by the leaves, however wide-spread and long-standing it may be, is without danger, and relapse is very rare.

11. The cicatrices obtained by the leaves are remarkable for their small degree of deformity.

12. Small-pox, measles, and scarlatina, treated by applications of the leaves, have few or no sequelæ ; *e. g.*, phthisis is not to be feared.

13. The cabbage, which is employed externally, and in the natural condition, cannot, at the time, yield to the organism any principle capable of neutralizing the cause of a malady and destroying its effects ; and since the cure operates by suppuration and secretion, induced and stimulated by the leaves, we must conclude—

1st. That in case of a cure the cause of the disease has been excreted by secretion or suppuration.

2d. That some diseases have for their immediate cause a vitiation *sui generis* of the fluids.

3d. That the *vis medicatrix* proceeds to the cure of these diseases by driving the vitiated matters towards the tegumentary covering, where it spreads them, eliminating them afterwards by vesicles, pustules, or the excretory vessels on the inflamed or ulcerated surfaces.

14. These operations take place in a diseased body; they are then diseased functions—functions which have the integuments for organs ; the integuments modified by inflammation, either simple, vesicular, pustular, or serous.

15. The leaves are the auxiliaries of this function; they attract it out by their affinity for vitiated fluids.

16. This elimination accomplished, the means which have served for it, I should say the modifications of the integuments, being no longer required, disappear ; they are cured.

17. This mode of cure, this treatment, I would call a cutaneous depuration.

J. M. Scott, M.D.

TREATMENT OF SYPHILIS IN THE HOSPITALS OF VIENNA.

Dr. Hermann gives, in the *All. Wien. Med. Zeit.*, this account of the treatment of syphilis in the Wieden Hospital of Vienna, and other general hospitals of that city. In the Wieden hospital, of which he is physician, no mercury is used, and he claims, firstly, that at least a third of the time is saved by this method of treatment as compared with that by mercury; secondly, that the cost of patients is one-third less; and, thirdly, that the mortality from syphilis is much smaller under the non-mercurial than under the mercurial treatment; fourthly, he contends that the non-mercurial treatment has a notable influence on the lowering of the number of syphilitic patients. Firstly, the most famous representatives of the treatment of syphilis without mercury, Fergusson, Guthrie, Rose, Hennen, Thompson, Listor, Fricke, Bennett, Syme, Drysdale, and others, have found the duration of the treatment of syphilis without mercury about a third shorter than with mercury; and Desruelles thinks that syphilis does not last half as long when no mercury is used. "Of special interest are these percentages which I collected from the public registers of the year 1857, of the 'Allgemeine Krankenhaus,' and the Wieden hospital, where I carry forth the anti-mercurial treatment as a principle. Among those patients (venereal) whose stay in hospital before cure was two weeks, there were 8.66 in the former hospital, and 26 per cent in the Wieden hospital; of those who staid one month there were 25.11 per cent. in the former, and 49.86 in the Wieden hospital; of those who staid two months there were 24.18 in the former, and 13.40 in the Wieden hospital; whilst those who staid three months before cure in the Allgemeine Krankenhaus, were 16.25 per cent., and only 7.50 per cent. in the Wieden hospital.

"Likewise, we may conclude from the above comparison, as to mercurial treatment in the Wieden and other hospitals, that the average duration of mercurial treatment is about sixty days, whilst that of non-mercurial is from thirty to forty days. The senior physician to Inquistenspital, of Vienna, Dr. Edler von Ferroni, arrived at similar results. In the year 1870, there were 244 males, and 99 females treated for venereal disease. Of these, 105 were cases of gonorrhœa, 185 ulcers, and 53 were cases of skin and other affections. The treatment was anti-mercurial, and the average duration of treatment, before cure, was 26.5 days. Of the special forms, the length of treatment in gonorrhœa was 20.4 days; in simple ulcers, 16.9 days; and in cases of gonorrhœa and ulcers with secondary complication, 52.7days. The chief physician of the K. K. Staatsbahn, writes to Dr. Hermann as follows from his yearly report: From 1860 to 1871 there were treated 743 syphilitic patients, of whom 206 were transferred to hospital, and 537 remained who were treated at home (out-patients). The working capability was in most cases lowered by extended, neglected syphilitic ulcers, complicated by buboes, phymosis, paraphymosis, orchitis, or large condylomata. Thus, 537 patients were treated for 9,292 days, during which time they remained unfit for work, so that on an average, 17.30 idle days fell to the lot of each. The whole 537 were completely cured of their venereal diseases."

Dr. Johann Ertl, chief physician in the State Hospital of Gratz, the untiring and courageous champion of the humane ideas of anti-mercurial treatment, has carried on the non-mercurial treatment of the disease for many years, and has obtained the favorable result of an average cure in 32 days.

Dr. Hermann also states that the cost of the non-mercurial treatment is much less than that of the mercurial treatment of syphilis. During ten years, 1861 to 1870, there were treated in the Alservorstadt hospital of Vienna, 20,054, and in the Rudolfstiftung, 6,052 patients, according to the principles of the mercurial school. These patients required 60 days on an average of treatment, and thus 1,566,306 days in hospital, gave an expense of 1,253,088 florins, or 48 guldens a head. In the Wieden hospital, during the same ten years, 14,535 patients were treated without mercury. Their time of stay was on an average 40 days, and the expense, 31 guldens a head.

Thirdly, says Dr. Hermann, it is of higher interest to note the number of persons who have died of syphilis in the three large hospitals of Vienna. According to tables given by the author, it results that, whilst in the General Hospital, one death occurred of 89 syphilitic patients treated, and in the Rudolfstiftung one death took place in 290 treated, in the Wieden hospital there was but one death of 969 syphilitic patients treated from 1861 to 1870. Mercury is the sole cause of the increased mortality in the above hospitals.

Fourthly, Dr. Hermann points out that there is but little increase in the number of cases of venereal disease treated in the Vienna hospitals year by year. From 1861 to 1870, the numbers range between 3,000 to

4,000 annually, for the large hospitals of that city. Two facts are clear, he says, firstly, the number of syphilitic patients holds no pace with the enormous increase of population of late years; and, secondly, the number of venereal cases among women in 1870, (1,599) was the lowest for ten years; which shows that syphilis is falling off in frequency, especially among the prostitute class. The reasons for this, he holds to be, firstly, that a number of patients were called syphilitic who were merely suffering from mercurial poisoning; and one-third of all the prostitutes are now treated without mercury at the Wieden hospital; secondly, until the year 1865, nearly all, and afterwards, the greatest part of the prostitutes under the police, were sent to the Wieden hospital. The proper experience of the patients of the treatment there conducted without mercury, and the observation of other patients, coming from other hospitals with dreadful results of mercurial treatment, caused among the prostitutes a horror and terror for mercury, and made them take all sorts of precautions against contracting the disease, in their power. All of these considerations have taken firm roots in the world of prostitution, and have caused a diminution in the number of cases of syphilis among the class. "Now, the claims of undoubted advantage, the diminution of syphilis in quantity and intensity, which is pointed out in the statistical tables of the State, are undoubtedly the effect of the treatment of venereal patients entirely without mercury in the Wieden hospital. This view is based on 20,000 cases of complete cure during my fourteen years of office in the Wieden hospital, by my attainment of a very small percentage of mortality, and by the confidence of the patients who crowd to the wards of the Wieden hospital the whole year through."

Dr. Ferroni, chief physician to the Inquisitenspital, says: "The number of persons affected with syphilitic disease, which is described as continually increasing, in the General hospital, shows in the Wieden hospital in 1870 and 1871, a pleasantly marked diminution. In 1869 there came 470, in 1870, (when the anti-mercurial treatment was carried out) 318, and in 1871, only 283 patients, with syphilis to that hospital. The cause of this diminution of syphilitic disease, can only be explained by the fact that fewer relapses occur under non-mercurial treatment, and that the larger number of diseased persons in former years, came from the frequent appearance of forms of what were considered to be constitutional syphilis, after the inunction treatment, which were, however, caused by mercurial poisoning."—*The Doctor.*

Sterility from Narrow Os Uteri.—Dr. Pajot (*Gaz. Obst. de Paris*, Jan. 5) mentions the case of a young lady, aged 25, who was in good health and had regular menstruation. She had been married nearly three years to a healthy man, aged 30, and yet had not been pregnant. When the speculum was applied, it was in vain that the os uteri was looked for. At the extremity of the vagina there was noticed a whitish line about two millimetres in length, without trace of any opening, and by means of a stylet it was ascertained that the edges were not agglutinated. The edges of the os uteri were either congenitally or in infancy soldered together, so as to present the appearance of a cicatrix. With all this the young woman affirmed that she had menstruated regularly since the age of fifteen, and that she had never suffered in any way. On this Dr. Pajot examined again with a magnifying glass, and then detected a capillary opening into the uterus. With a very fine stylet he penetrated through the orifice into the cavity of the uterus. Every four or five days a stylet was passed more and more voluminous, and then a dilator used for the lachrymal ducts, so that at the end of three weeks the ordinary dilator could be introduced, and the orifices, after less than six weeks, could be widened up to one centimetre, without suffering to the patient. All attempts at dilation ceased three to four days before menstruation, and for three days after. When the second menstruation approached, sexual congress was permitted, and the menstrual flow did not re-appear. All the signs of pregnancy showed themselves, and soon it was certain. In nine months the lady was confined normally. Dr. Pajot adds, that if gradual dilation be compared with section, all wise surgeons will prefer the former, when it is possible.—*The Ovl.*

Ovriotomy an Established Operation.—It is surprising what a change has taken place in the estimate attached to the operation of ovariotomy (or ovariectomy, as it is proposed to call it) since its introduction thirty years ago. For a long time many of the most prominent surgeons shrunk from it and pronounced it murder. We are not aware of a solitary opponent now existing. Statistics give two successful results out of three cases, or sixty-seven per cent.—taking the aggregate of America and Europe. Many capital operations which have been recognized in surgery for centuries, exhibit a greater mortality than this. Ligatures of the great arteries are even more hazardous. Ovariotomy may be regarded not only as an established operation, but the greatest triumph of modern surgery.—*Pacific Med. Jour.*

THE RESUSCITATION OF ANIMATION IN NEWLY-BORN CHILDREN.—Dr. John Gregory, of Manchester, England, calls attention to two opposite conditions which he has found to exist in cases of suspended animation in the newly-born. In the first class the head appears to suffer from a redundancy of blood; and is most common when the head is born some time before the remainder of the body, and the pressure upon the portion remaining in the uterus and the vagina causes an accumulation of blood to take place in the head. This variety is generally relieved by allowing a small quantity of blood to flow from the navel. The second variety is less commonly noticed, and is that in which the reverse takes place. In a breech presentation the head, being born last, is subjected to pressure which empties its vessels and produces anæmia of the nerve-centers of the brain and medulla. Such cases are quickly relieved by placing the child's head downwards, by which posture the return of the blood to the cranium is encouraged. It is his practice in the latter class of cases to allow the infant to hang head downward for about a minute at a time, and employ also friction of the back and nucha. In both varieties the postponement of respiratory movements is attributed by him to disturbance of the circulation in the medulla.—*The Doctor.*

NITRIC ACID IN HEMORRHOIDS.—Many cases of hemorrhoidal tumors, especially those which are painful, or which bleed, are best treated by touching them a few times with strong nitric acid. It is an old treatment revived, but one which *we know to be very efficacious.—Pacific Med. Jour.*

CONSERVATIVE PURPOSE OF UTERINE CANCER.—Under this head, Professor King, of the National Medical College at Washington, occupies thirty pages of the *American Journal of Obstetrics*, in an elaborate and highly ingenious essay, more learned than useful we should say. As the article appears in a journal of high authority, we infer that it must possess value, if one could only find it. Our readers will be gratified no doubt by the perusal of the concluding paragaph:

"In conclusion, speaking figuratively, cancer is like the twig that naturally intended to grow in a perpendicular direction, until reaching the towering height of a vertical oak, it becomes, by being bent first to the right, then to the left, then laterally again and again, a crooked, knotted and irregular dwarf. The evolutionary nature of the cancerous organ has, so to speak, been lashed into a pathological fury—goaded to madness—tortured into suicide; like the teased viper, it turns to bite itself with the identical fang naturally designed for its own preservation. Just as a shell, fired at an enemy in a direct line, by unluckily impinging upon a succession of oblique surfaces, may eventually describe a circle and return to burst in the face of the gunner himself; it was fired with the same conservative design of self-preservation, nevertheless."—*Pacific Med. Jour.*

AFTER TREATMENT OF FIBROID TUMORS OF THE UTERUS.—After the removal of these tumors, Dr. Alfred Meadows, of London, England (*Am. Jour. Obstetrics*, Aug., 1872.) advocates the subjoined after-treatment: The first thing to do is to secure firm contraction of the uterus after it is emptied of its contents. This is necessary not only to prevent hæmorrhage, but also to avert the occurrence of septicæmia. The latter object will be still further secured by frequent injections of warm solutions of permanganate of potash, carried well up into the uterine cavity. In reference to medicines, he knows of none which are either useful or desirable, except it be opium, and this he regards as of greater value than any or all other medicines put together. He is also very partial to the employment of hot linseed and laudanized poultices to the abdomen in all cases of serious operations upon the uterus where there is a liability to pelvic or peritoneal inflammation.

TREATMENT OF PHAGEDENIC CHANCRE BY IRRIGATION.—In the treatment of phagedenic chancres, Mr. Hutchinson, of the London Hospital, has for some time, with very good success, used the continuous bath. The patient is ordered to sit in a hip-bath with tepid water for the greater part of the twenty-four hours, a few hours being allowed for sleep. The water is changed as often as it becomes uncomfortably cool. This treatment is kept up until all phagedenic action ceases, and the sore shows a perfectly healthy surface. It may or may not be necessary to apply nitric acid to the sore in addition to the bath, but the cleansing effect is, in some cases, all that is required.

Mr. Hutchinson attaches great importance to a frequent change of the water in contact with the sore, and lately he has directed the patient to keep a continuous stream of water from an irrigating apparatus playing on the ulcerated surface, while in the hip-bath. By this means every particle of contagious phagedemic discharge is removed as soon as secreted, and the formation of a healthy surface is much accelerated.—*Boston Med. Jour.*

Muscular Contraction a Cause of Fracture.—Geo. W. Norris, M.D., Clinical Surgical Recorder in the University Hospital, Baltimore, Md. (*Rich. & Louis. Med. Jour.*) relates a case of simple fracture of the middle third of the humerus in a mechanic, aged 32 years, caused by violent muscular contraction while throwing a brickbat.

Dr. E. S. Gaillard remarks that Prof. J. M. Holloway recently presented to the class in the Louisville Medical College a case of fracture of the clavicle, caused by throwing an ear of corn.—*Med. Record.*

Equable Climates.—As places of resort for consumptives, California and Minnesota present the strongest claims on the score of equable climates. At San Diego, according to the *Daily Union* of that place, the thermometer has ranged from 60 to 70 at noonday, through the month of January. Even as far north as San Francisco it has not been below 55 at noon, while the average has been 60; nor has it fallen lower than 45 at night. In Minnesota, also, the temperature has been remarkably uniform, that is to say, about 20 below zero. A citizen would have no occasion to put on his overcoat in the former region, nor to take it off in the latter.—*Pacific Med. Jour.*

Book Reviews.

Fistula, Hæmorrhoids, Painful Ulcers, Stricture, Pralasus, and other Diseases of the Rectum, their Diagnoses and Treatment. By William Allingham, Fellow of the Royal College of Surgeons of England, etc., etc. Second edition, revised and enlarged. Philadelphia: Lindsay & Blakiston. 12mo., 265 pages.

The extended title of this little work sufficiently explains its contents. The author has condensed into it the results of his many years experience and observation in the treatment of diseases of the rectum.

A Handbook of Therapeutics. By Sidney Ringer, M.D. Third edition. New York: Wm. Wood & Co. 8vo., 560 pages.

A concise, practical, but comprehensive work; it fully meets the requirements of the class of students and young practitioners, for whom it is more especially designed.

Surgical Diseases of Infants and Children. By M. P. Guersant, Honorary Surgeon to the Hospital des Enfants Malades, Paris, etc. Translated from the French by Richard J. Dunglison, M.D. Philadelphia: H. C. Lea, Publisher. For sale by Jansen, McClurg, & Co., 117 and 119 State street, Chicago. 8vo., 350 pages.

In a note appended to the preface, the translator says that, "In offering to the American reader a translation of this valuable work of M. Guersant, it has been deemed expedient to preserve, without note or comment, the original text of one whose authority on the surgical affections of early life is so generally recognized." As allusion is liberally made to the experience of other French writers and practitioners on almost all the subjects discussed, this treatise on the surgical diseases of children may be justly regarded as a reflection of the views of the most distinguished surgeons of that country, in the very interesting class of cases embraced in it.

A Treatise on the Theory and Practice of Obstetrics. By Wm. H. Byford, A.M., M.D. Second Edition; thoroughly revised. New York: Wm. Wood, & Co. For sale by W. B. Keen & Cook, Chicago.

The call for a second edition of this work, so soon after its first issue, is the best possible evidence of the general favor with which it has been received. The author's endeavor to supply a plain, practical, and concise text book on this important branch of medicine, seems to have been fully appreciated by the profession.

The Practice of Surgery. By Thomas Bryant, F. R. C. S., Surgeon to Guy's Hospital, with 507 illustrations. Philadelphia: H. C. Lea, Publisher. For sale by Jansen, McClrg, & Co., Chicago.

Will be reviewed in our next number.

First Annual Report of the Supervising Surgeon of the Marine Hospital, Service of the United States, for the year 1872, containing a brief historical sketch of the service from the date of its organization in 1798. Government Printing Office, Washington.

Fœticide or Criminal Abortion. A Lecture Introductory to the Course on Obstetrics and the Diseases of Women and Children; University of Pennsylvania. By Hugh L. Hodge, M.D. Fourth Edition. Philadelphia: Lindsay & Blakiston. Small, 12mo., 55 pages. Price, 30 cents.

Original Communications.

CASE OF OVARIOTOMY.

BY J. T. EVERETT, A.M., M.D., STERLING, ILL.

Was called, Nov. 7th, in consultation with Drs. Hunt and Newton, to see Mrs. F., aged forty-one years; American by birth; bilious temperament and full habit.

Found patient complaining of a lump in left ovarian region, which had been observable for some time, slowly increasing in size. Although still comparatively small, it gave rise to a good deal of mental trouble, from the fear that it might be a malignant growth. Upon careful examination, we became convinced that it was an encysted ovarian tumor.

After completing the diagnosis, the nature of the trouble was explained to the patient and friends, and an early operation advised. Accordingly, the 17th of the same month was fixed for the removal, and the patient placed upon the use of tinct. ferri chlorid., 10 gtts., three times a day, to render the blood more plastic, and to prevent any probable chance of cepticemia, or erysipelas, following the operation. Upon the 16th a free purge was given, producing a thorough evacuation; and an anodyne was then given, to quiet any irritation which the purge might have set up.

After having taken these precautionary measures, I proceeded to operate in the following manner:

The patient was fully anæsthetised with sulph. ether. Then an incision, three inches in length, was made along the linea alba, extending from the pubis upward. After having divided the integument and superficial fascia, the aponeurosis of the rectus muscles was carefully divided, until the peritoneal sac was reached. This, having been carefully divided, and the sac carefully separated from the surrounding tissues, the large trochar, with hose attached, was thrust into the cyst, and the fluid (which consisted of eight and three-fourths pounds of dark colored serum, containing flakes of fibrine and only a small quantity of albumen), was drawn off. I next seized the sac, and, withdrawing it through the opening as far as possible, proceeded to ligate it with a double carbolized animal ligature, thrusting the needle through the center of the pedicle and tying both ways. Then trimmed the stump as close as was deemed safe, and washed out the wound with carbolated artificial serum, and replaced the stump. The wound was closed with the quilled suture of silver wire, and over all placed a film of carbolated colodion. Collecting and weighing the sac and contents, we found it to weigh ten and one-half pounds. I now left the patient under the care of the family physician, Dr. Hunt, from whose notes I draw the subsequent history of the case. For the first four or five days, the patient was kept fully under the influence of an opiate, and 20 gtts. of the tinct. ferri chlorid., given three times a day. On the 23d, the bowels were moved by an enema. On the 24th, there was a slight appearance of puffiness at the lower portion of the wound, and upon the removal of the film of colodion, about four ounces of thin serum escaped. An injection of carbolated water was thrown into the cavity, thoroughly washing it out, after which it was closed again with carbolated oil and lint dressing. From this time on the wound was washed out daily, the cavity steadily lessening in size, until, at the end of the third week, there remained but a small, fistulous orifice the size of a crow-quill; which had entirely closed up by the end of the fourth week from the time of the removal.

No signs of peritonitis appeared at any time, and the patient made a rapid and permanent recovery. The carbolized ligatures never came out, and must have been either encysted, or, what is more probable, absorbed. The ligatures were made of an E violin string, soaked in ninety-five per cent. solution of carbolic acid.

The result was in every way satisfactory, and the patient is now doing her own work, and claims to be as well as ever.

I report this case, more to show the rapid recovery from, and comparative simplicity, of the operation, when performed in the

early stage of the disease, than from any desire to show surgical skill or originality in procedure.

I believe that ovariotomy, if performed early, is as devoid of danger of serious results as is an amputation of the hand.

SURGICAL OPERATIONS IN THE FRANCO-GERMAN WAR.

COLLATED BY EDMUND ANDREWS, M.D., PROFESSOR OF SURGERY IN CHICAGO MED. COLLEGE.

Dr. Carl Prœgler, late Staff Surgeon in the American Ambulance, attached to the Prussian army, and now residing at Addison, Dupage county, Ill., has been kind enough to place in my hands a considerable collection of his recorded observations. He first served, as above stated, in the Prussian army, but, at the close of the war, went to Paris, and served with the French forces engaged in besieging the Communists. Here, though a non-combatant, and serving their own sick and wounded, his life was in considerable danger, from the fact that he was a German by birth, and liable, if his nationality was discovered, to be assassinated by some Frenchman, maddened by defeat. He succeeded in escaping, by passing as an Englishman, and talking only the English and French languages. As these records are among the earliest accessible results of the surgery of that great war, they will possess an interest for the readers of THE EXAMINER, although they are less perfect than they otherwise would be, from the fact that an ambulance corps does not keep its patients from the day of their being wounded to their recovery or death, but must often transfer them to general hospitals, whenever the order comes to march.

The following table shows the results of over two hundred large operations. In this table the term *primary*, applied to operations, signifies that they were performed within twenty-four hours of the injury; *intermediate*, that it was done after twenty-four hours, and during the period of acute inflammation; while *secondary* means after the acute stage has passed.

TABLE I.

OPERATIONS ARRANGED BY LOCATION AND TIME OF PERFORMANCE.

	PRIMARY.		INTERMEDIATE.		SECONDARY.		TOTAL.	
	Rec'd	Died	Recovered.	Died.	Recovered	Died.	Rec'd	Died
Amp. at hip-joint (disarticulation) time not stated							0	1
Amp. at upper third of fermur	2	2	1	0	15	4	18	7
" middle third of fermur	4	7	0	1	14	2	18	10
" lower third of fermur	4	3	4	2	30	12	38	17
" knee-joint	0	0	0	0	4	0	4	0
" upper third of leg	2	1	4	3	1	1	7	5
" middle third of leg, time not stated							9	1
" lower third of leg	1	0	0	0	6	4	7	4
" ankle (Pirogoff's)	0	0	0	0	1	2	1	2
" " (Syme's)	0	0	0	0	1	1	1	1
" through tarsus and matatarsus	0	0	0	0	11	0	11	0
" arm, time not stated							4	0
" forearm, time not stated							1	1
Excision of knee-joint, time not stated							1	34
" " patella	0	0	0	0	0	3	0	3
" " head of radius	1	0	0	0	0	0	1	0
" " entire elbow	1	0	0	0	0	0	1	0
Totals	15	13	9	6	83	29	122	86

It will be observed that in this table the mortality of the amputations of the femur is only about half as much at the upper third as at the middle and lower thirds, thus completely inverting the usual rule. I am unable to account for this anomaly, but I presume it is through some error in that portion of the statistics furnished to Dr. Prœgler by

other officers, as he is very accurate in all his own observations.

The frightful mortality of the excisions of the knee-joint will perhaps astonish the civil surgeon, only one patient surviving out of thirty-five excisions. This, however, is corroborated by the experience of all military surgeons. In the American war the mortality of excisions of the knee, though not quite so great as that in the table, was still terrible, being fully 77 per cent. (twenty deaths out of twenty-six excisions). The fact is, that conservative surgery in gunshot wounds of the knee is wholly wrong. All such cases should be amputated on the field of battle, unless there exists some complication forbidding the operation.

The following additional cases were observed by Dr. Prœgler, in the Bavarian army, at the Receiving Hospital No. 8, after the battles at Ausang and Massy, in France, in the autumn of 1870. As this was only a Receiving Hospital, many of the cases were sent away before they were terminated; hence I am unable in most cases to deduce from the record the proportion of deaths and recoveries after each injury and operation, but the following statistical facts are important.

The total number of wounded received at this hospital was 361, of whom nine were officers, and 352 non-commissioned officers and privates. The classification of the injuries is as follows:

Gunshot wounds	349
Sabre "	2
Lance "	3
Other injuries	7

This shows how completely firearms have superseded the sword in modern warfare.

Table II shows the very great proportion of cases which died of pyæmia, and the period of time which elapsed between the wound and the death.

TABLE II.

TIME AND NUMBER OF DEATHS FROM PYÆMIA, TETANUS, AND OTHER CAUSES.

NUMBER OF DAYS FROM WOUND.	PYÆMIA, AND OTHER SEPTIC DISEASES.	TETANUS.	OTHER CAUSES.	NUMBER OF DAYS FROM WOUND.	PYÆMIA, AND OTHER SEPTIC DISEASES.	TETANUS.	OTHER CAUSES.
				Bro't forw'd	11	5	19
1	--	--	2	26	1	--	--
2	--	1	7	27	--	1	--
3	--	--	1	28	--	--	1
6	1	--	--	29	1	--	--
7	--	1	--	30	--	--	1
9	1	--	--	33	1	--	--
10	--	--	1	35	1	--	--
11	--	2	3	38	1	--	--
12	1	--	1	40	2	--	--
13	1	--	1	42	1	--	--
14	4	--	--	43	1	--	--
15	1	--	1	44	1	--	--
17	--	--	1	48	1	--	--
22	--	--	1	50	1	--	--
23	--	1	--	52	1	--	--
24	2	--	--	--	--	--	--
	Car'd forw'd	11	5	19	Total	24	6	21

It appears, therefore, that the septic diseases produced an enormous mortality — nearly fifty per cent. of all the deaths. Billroth, in his letters from the same war, says that, in the hospital at Weissenburg, twenty-nine deaths out of thirty-five, or eighty-three per cent., were from pyæmia, and gives a sort of half-way opinion that pure air has not so much to do with preventing the scourge as is commonly supposed. Experience in the American war, however, showed that wounded men, treated in the open air, rarely had this trouble. I think, therefore, that Prof. Billroth, in spite of his eminence, is mistaken,

and the more so because the ideas of what constitutes pure air in Central and Eastern Europe are far behind those of America. The nervous dread of "catching cold" is there carried to what seems in our eyes a ludicrous excess; and it is almost impossible for the surgeon, dealing with soldiers, and nurses imbued from childhood with the fear of external air, to secure full obedience to orders given with the view of promoting free ventilation of the wards. The reader will observe that Dr. Prœgler's mortality from pyæmia was considerably less than Prof. Billroth's, showing his superior attention to ventilation.

It will be seen that the deaths from pyæmia do not commence until the sixth day; that they are most numerous from the tenth to the fifteenth days; but continue in a scattering way until the fifty-second. Tetanus follows a similar law; while the deaths from other causes are most abundant on the first and second days (doubtless from the prevalence of shock), but grow less and less frequent, until they almost cease after the twenty-second day.

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PERIPHERAL PLACENTITIS.

BY H. WARDNER, M.D., CAIRO, ILL.

In the month of July, 1872, my attention was called to the case of a lady who had been suffering some eight or nine weeks from a discharge from the uterus, of a hæmorrhagic character, which had resisted the usual remedies in like cases.

The *os uteri* presented a granular, spongy appearance, with eversion of a congested mucous membrane, that would bleed on the slightest touch with the probe. The uterus was enlarged to about the size usual between the second and third months of pregnancy; but whether it contained a tumor or a fœtus, it was difficult, at the time, to determine. The patient, however, was positive she was not pregnant.

I applied the fluid extract of pinus Canadensis, on a pledget of cotton, which seemed to control the discharge for a couple of days; and then it returned as before. The application was repeated in five days, and gallic acid given internally, but without the relief sought. On the third day after the second application, she passed a discolored fœtus, apparently of the second or third month, which had evidently been dead some time. About one hour after, I removed the placenta, which presented an appearance so peculiar as to attract particular attention. It was thickened and cup-shaped, with a very dark, shreddy appearance of the entire periphery, extending about one inch from the margin back along the uterine surface. The evidences of inflammatory action were unmistakable; and my impression, at the time, was that there had been a gradual detachment from the uterine surface around its entire margin, thus causing the "flow," which was changeable in its character from red blood and small clots to a dark-colored fluid, with occasional shreds of degenerated tissue. None of the remedies used in this case had any control over the discharge, except temporarily, and no relief came to the patient until the discharge of the fœtus, after which she recovered her usual health in due process of time.

I found nothing in the works on Obstetrics on similar diseases of the placenta; but, on looking over the "Half-Yearly Compendium" (No. X, page 203), I saw a report of a similar case, made by Dr. Rogers, to the New York Pathological Society, which was pronounced by Dr. Neggerath to be a case of "*Peripheral Placentitis.*"

The disease is of such very rare occurrence that I thought this case might not be unworthy of record in medical literature.

THE FATE OF EMPIRES. — M. Piorry has written to the *Academie de Medecine* to express regret that, prior to the Franco-German war, the size and shape of the kidneys in the late Emperor Napoleon III. were not investigated by "plessimetric percussion." A little more plessimetry, and France might have been saved. On such threads does the fate of empires hang!

STEPS are being taken to encourage the study of ophthalmology in France.

SCARLATINAL DROPSY, WITH SUPPRESSION OF URINE AND CONVULSIONS.

BY E. S. CLEVELAND, LAWRENCE, MICH.

In the number of MEDICAL EXAMINER for Feb. 1st, I noticed a clinical report of two cases of scarlatinal dropsy, with suppression of urine and convulsions.

I wish to report two cases of the same nature which fell under my care, to illustrate the value of the gelsemium sempervirens in their treatment.

Gelsemium is one of the most efficient and powerful anti-spasmodics in the materia medica. In addition, it relieves irritation and determination to the kidneys; and, in larger doses, causes a copious secretion of urine. It is an excellent remedy in some cases of urinary retention, and is reported to have been used successfully in cases of tight strictures, enabling the operator to pass a bougie through a previously "impermeable" stricture.

CASE I.—I was called, on the night of May 4th, 1870, to an adjoining township, to see Miss Liula Heath, aged thirteen.

Three weeks previously had had a very light attack of scarlatina simplex; convalescing without having had a physician. For several days her mother had noticed slight bloating about the eyes, and that the urinary secretion was less than it should be, and of a smoky-brown color. I reached the house toward midnight, and learned that no urine had been passed since morning, and that she had been in convulsions since dark. There was nausea and constipation. Having been misinformed as to the nature of her disease, I had carelessly started, expecting that I had all the medicine I needed in my vest pockets, —an exploration of which showed that gelsemium was my only weapon in this case (I was six miles from town). I administered fifteen drops of the fluid extract, and ordered hot cloths to be kept constantly over the loins, to be changed before they became cold. Continued the gelsemium in doses of ten drops every hour. I stayed long enough to see that the remedy was exerting its effect as an anti-spasmodic, the convulsions at once becoming lighter, and the intervals longer.

May 5th—Noon.—Has had two convulsions since my last visit; passed a small amount of urine, dark brown in color, at five this morning; nausea diminished. Gelsemium has not affected her eyelids. Continued the treatment, only, in addition, gave jalap and bi-tart. potassa, to move the bowels.

May 6th.—Face and limbs much bloated; passed a small amount of urine twice yesterday, of same appearance as that I saw in the morning; had two slight spasms during the night; bowels had moved twice; passed three or four ounces of urine while I remained in the house; eyelids heavy. Lengthened the interval between the doses of gelsemium to four hours, giving spts. nitre and acetate of potash. The next day omitted gelsemium, and added tinct. iron. I cannot find any note of amount of albumen in this case, though I tested the urine several times. She convalesced in ten days. This was my first case of the kind, and, in fact my introduction to scarlet fever and sequels —though in the succeeding two years we had a very malignant epidemic of the disease.

CASE II.—Dec. 4, 1871, was called, in haste, to see Miss Bertha Combs, aged ten. Two weeks ago, had a slight attack of scarlatina, which neither confined her to her bed, nor to the house. For several days she has been dropsical, and urine scanty, for which I sent a prescription two or three days since, though I did not see the case. Found, on my arrival, at 10 P.M., that she had passed no urine since previous day. In morning had vomited, and had been sick at stomach more or less since. Dropsy had increased very much, and she was drowsy all the forenoon. At noon was seized with convulsions, which had continued increasing in intensity ever since. She was in the midst of one when I entered, which lasted, her mother said, twenty minutes. The length of the interval was generally ten minutes, in which she seemed almost comatose; could scarcely be aroused, nor did she understand anything which was said to her.

As soon as she could swallow, I gave her twenty drops of fluid extract gelsemium. Scarified and cupped her on the loins to three ounces, and applied cloths wrung out in water as hot as could be borne, ordering them changed every thirty minutes. At the end of an hour gave twenty drops more. She remained free from convulsions for an hour and twenty minutes from the first one I saw, when she had a slight one, which was the last. She still remained comatose. Gave twenty grs. comp. powder of jalap, and repeated it in three hours; continued the gelsemium in two drop doses every hour, and the hot cloths.

At 4 A.M., Dec. 5th, bowels moved thoroughly twice. The last time she also passed a small amount of bloody urine. 5 A.M., passed a couple of ounces of urine, of smoky-red color. 6 A.M., roused up and recognized me; asked when I came, and how long I had been there, and spoke to her father and mother.

Prescribed acetate of potash, in two-grain doses, to be taken in an infusion of hair-cap moss every three hours, and went home. 3 P.M., has passed urine freely several times; tested for albumen; the coagulum filled half the test-tube, which was less than I expected. Ordered the acetate of potash, to be continued to the amount of one drachm a day, in the infusion of moss, and a teaspoonful of the following, three times daily:

℞.—Tinct. ferri chlor., ℥ ii.
Glycerine, } aa., ℥ ii.
Syrup, }

She convalesced rapidly.

Six children in this family had the scarlet fever, and, in three of them, it was followed by dropsy.

In the first case, that of Jeff, aged twelve, the dropsy exceeded anything I have ever seen; and the urine discharged did not exceed four ounces a day. He is a very witty, active lad, and the only effect visible from this condition of things was a disinclination to move away from the stove, "because he couldn't bend his legs." He was, if possible, sharper than ever.

With one exception, I have never seen a quicker effect from gelsemium than in the second case reported; and, though it was given in full doses, it did not affect her eyelids at all.

The physicians in this vicinity were very much pleased with the action of the hair-cap moss (*polytrichum juniperium*). Increasing the watery element of the urine, and, being unirritating, it was an excellent vehicle for the saline.

The epidemic began in the summer of 1871 (a few cases having been seen during the previous year), in a very malignant form, most of the first cases dying in a few hours from the attack, one family losing three children in thirty-six hours.

It furnished an unusual number of severe cases, and almost every mild case which came under my notice exhibited more or less anasarca as a sequel. Affections of the glands, as a sequel, was rare in any class.

REPORT ON MEDICAL LITERATURE.—Authors and publishers who have issued new books, or new editions of old ones, during the past year, are requested to furnish copies of the same to the chairman of the committee on medical literature, appointed at the last meeting of the American Medical Association, Prof. Austin Flint, of New York city.

CASE OF GASTROTOMY.—Dr. Troup (*Edin. Med. Journal*, July, 1872) describes a case in which gastrotomy was resorted to in a case of impermeable stricture of the œsophagus. He was assisted by Dr. David Lyell, of Newburgh, and Dr. John Lyell, of Glasgow. The patient was at the point of starvation, and suffering from intense thirst, and begged to have the operation performed. A vertical incision was made to the left of the median line, over the region of the stomach, and a tracheotomy tube inserted, the margin of the opening in the stomach being stitched to the parietes of the abdomen. Milk and stimulants were by this means readily passed into the stomach, and the three remaining days of the man's life were spent in comparative comfort. A *post mortem* examination revealed the presence of a large epitheliomatous mass, at the cardiac end of the stomach.

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N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

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EDITORIAL.

CHICAGO MEDICAL COLLEGE COMMENCEMENT.

The public Commencement exercises in this department of the Northwestern University, took place in the College hall, on the 12th and 13th inst.

At 2 o'clock P. M., on the 12th, the programme was commenced with an inaugural thesis, read by John Lewis, on the means for promoting medical science, and especially of obtaining more accurate knowledge concerning the causes and nature of epidemic diseases. It was well written, and indicated much careful thought in arranging plans for investigation.

The candidates for graduation were then subjected to an oral examination, by the Secretary and Dean of the Faculty, for half an hour, on the departments of surgery and practical medicine.

Another thesis was then read by W. F. Wiard, on the nature and objects of medical science. The thesis was well written, abounding in just thoughts, elegantly expressed, and was read in good style.

The oral examination of the class was then resumed for another half-hour, and the exercises were closed by the reading of a thesis by Daniel Lord, on the influence of the study and practice of medicine in developing the whole man. The theme was an interesting one, and was rendered doubly so by the very able manner in which it was discussed by the writer.

On Thursday, at 10 o'clock A. M., the Alumni Association held its annual meeting. There was a good attendance, and the President, Dr. Lyman Ware, delivered an interesting address. After the transaction of the necessary miscellaneous business, the following officers were chosen for the ensuing year: President, Thomas S. Bond, M.D.; first Vice President, R. W. Bronser; second Vice President, D. A. K. Steele, M.D.; Secretary, S. A. McWilliams, M. D., of Chicago.

At 3 o'clock, P. M., the large lecture-room was crowded with an audience of gentlemen and ladies, to witness the conferring of the Degrees. The President of the University, C. H. Fowler, D.D., commenced the exercises by prayer; the Secretary distributed the certificates of progress to the under-graduates, and the certificates for hospital service to those who had actually served as assistants in the Surgical Department of the hospital; and the Dean of the Medical Faculty awarded the prize for the best inaugural thesis to F. J. Huse, of Evanston, and that for the second-best to E. E. Loomis, of Janesville, Wisconsin. The President then conferred the degree of Doctor of Medicine upon forty-one candidates, accompanying the same by a brief, but very appropriate charge. This was responded to, in behalf of the class, by Thomas Killough, in an address, excellent both in the sentiments expressed and in the manner of its delivery. Its only fault was in being a little too long. The more formal valedictory address was then delivered by Prof. Jones, who was listened to with great pleasure and interest.

Throughout the services, at suitable intervals, the audience were delighted with good music, by the Plymouth choir, under the direction of I. V. Flagler. After the benediction, the audience were left to visit the museum, and other parts of the College.

Thus ended the thirteenth collegiate year of the institution. The spring and summer term, inaugurating the fourteenth collegiate year, will commence on the first day of April next, and continue until the commencement of the summer vacation, on the 27th of June. The career of the College thus far has been one of steady, natural growth, highly satisfactory to its friends.

Gleanings from Our Exchanges.

TRANSLATIONS FROM THE FRENCH.

BY DR. BOSWORTH, CHICAGO.

The *Gazette Medicale de Paris* (Jan. 25, 1873) says :

Dr. Henry Roger, member of the Academy of Medicine, Physician of the Children's Hospital, Adjunct Professor of the Medical Faculty of Paris, has published a remarkable work on "Diseases of Children."

From the very interesting chapter on "The Temperature in Diseases of Children," we find the following, quite worthy of translation :

The temperature of a new-born child is a very little higher than that of the mother. From the first to the seventh day the *mean* temperature is 37°.08*. At this moment the number of inspirations has very little influence on the degree of heat, while the acceleration of the pulse, as well as the force of the child, cause the thermometer to rise. The temperature of girls he has always found lower than that of boys; lower also during wakefulness than during sleep.

From one to six years of age he found the pulse of 102, and the temperature 37°.11 ; from six to thirteen years, pulse 77, temperature 37°.31. Neither exercise nor digestion augments heat.

As to the region for observing the temperature of children, he prefers the axilla to the rectum; although in the latter region the thermometer rises higher, nevertheless the axilla is much more convenient, and has nearly the same temperature as the abdominal and thoracic cavities. In reality, there is almost no difference between the temperature of the axilla and rectum in young children.

After these general remarks he then reviews the different diseases in which the temperature increases.

In *ephemeral* fever the thermometer rises sometimes as high as 40°. In intermittent fever, during the algid period (after Garvaret and Roger), there is an increase of heat; but the patient is really cold, on account of the unequal distribution of the animal heat, the cutaneous surface being cold to the benefit of the internal heat, which is augmented. During the interval of the attacks, and in the second stage of the disease (*stare de chaleur*), the thermometer rises, but less than with adults. The pulse and the respiration decrease during the second stage.

In hectic fever the thermometer did not rise above 39°.2, although the pulse was very frequent.

Typhoid fever, after Mr. R., proves the most emphatically that the source of heat in man is not only in the respiration and circulation. Out of twenty-three cases, he saw, in fourteen of them, the thermometer rise to 40°, and even above, the highest being 41° in the morning. If only the grave cases are taken, he found an average temperature of 40°.14. The mean temperature of the whole twenty-three cases was 39°.77. The duration of this elevated temperature is often quite long. Generally, where the heat is excessive, the cases are more dangerous; nevertheless, he cites one case of a child, twelve years old, having on the sixth day the thermometer at 41°, pulse 92, yet it recovered in one month. Another child, thirteen years old, having on the seventh day a temperature of 40°, was well in three weeks.

The author has found that the development of heat at the very beginning of typhoid fever, varies according to the way in which it begins; if this disease commences suddenly, with a high fever, the temperature will be directly very high; if, on the contrary, as is more frequently the case, it begins by malaise, shivering, want of appetite, etc., symptoms which last some days without any decided character, the heat, although already high, is much less intense than it will be at a later period. The thermometer increases and decreases with the disease itself. During convalescence the temperature sometimes descends below the natural, ordinary degree, although the amelioration of the pulse continues.

In the adynamic form of this fever, the temperature is relatively but little elevated; here he observed, as a maximum, 39°.05. He relates one case where the maximum had been 38°.75, but, on the day of death, it was 40°; another case, where on the day of death it was 36°.75.

In the inflammatory form, the maximum is higher. As a general rule, the pulse is slow, compared to the elevation of temperature; nevertheless, he found the pulse to increase in frequency while the temperature was augmenting, and to decrease as the thermometer fell. In the greater number of cases he found a connection between the acceleration of the respiration and the elevation of temperature. The principal points for the diagnosis of typhoid fever are the following: As a general rule, in the first stage of this disease (swelling and softening of Peyer's patches), the thermometer augments from 1-2° to 1° daily, with an exacerbation in the

* The degrees here referred to are the French centigrade.

evening. Wunderlich and Griesinger concluded that we have not a case of typhoid fever if the thermometer indicates, on the second evening, 40°; or, if on the fourth evening, it does not reach 39°.5; or, if from the eighth to the eleventh day, it does not reach 39°.5. Mr. R. says we must occasionally make an exception to this rule for children, as he has seen one child die with only 38°.4 on the sixth day; another, where it did not go above 39°.4, and 37°.8 from the eighth to the eleventh day. After this author it is the only disease where a high temperature sometimes coincides with a pulse of moderate frequency.

In a case of variola, we might suspect, before the eruption, typhoid fever, if the thermometer did not reach, by the second or third day, 40°. As soon as the eruption of variola appears, the temperature suddenly falls. A very high degree of the thermometer during the first few days announces a pneumonia.

Mr. R. declares it to be impossible, by the aid of the thermometer, to diagnose typhoid fever from the exanthema, from rheumatism, etc. As to prognosis, high temperature at the end of the first week indicates a very grave case. 40° and 41°, continuing several days, announce a fatal termination. It is here impossible to indicate critical days, as with adults, the disease being shorter with children on account of its gravity with them. Death is also to be feared when we have a very low temperature caused by anemia. In cases of high temperature, Mr. R strongly praises cold baths. Among the eruptive diseases, the thermometer rises the highest in scarlatina, 39°.4; in variola, 38°.7. In roseola it only rises to 38°.5.

In erysipelas, he found the thermometer at its maximum at the moment of the appearance of the exathema. The places attacked have a temperature superior to the regions unattacked (40°, 40°.5), never superior, however, to that of the rectum or axilla.

In rheumatism and gout, there is a slight increase at the diseased points.

In stomatis, the increase is slight (38° in the mouth, 37°.75 in the axilla). Little elevation also in enteritis; in the latter there is no constant relation between the pulse and the temperature. As a diagnostic sign between typhoid fever and enteritis, tle latter has a lower temperature.

The wide range of the thermometer in meningitis is remarkable, being from 35° to 42°.5. The average temperature in this disease, 38°.5, 39°.5. Near the close of this disease the temperature is the highest. Sometimes the elevation is sudden, as much as 5 1-2° in one day. Such great variations of temperature are not explained by age, by the seat of the disease, by the intensity, or by the form acute or granuleuse. The faster the progress of the disease, the greater is the elevation; the decrease in the rapidity of the inspirations coincides with the falling of the thermometer. It is only in meningitis that we have a notable lowering of the temperature in the middle of the disease. In face of general violent symptoms, if the thermometer surpasses 40° or 41°, it is typhoid fever; if it is below 39°, it is very probably meningitis. It is also probably the latter when the thermometer suddenly changes; also, if the pulse is very changeable.

In encephalitis, cerebral softening, the thermometer raises but little; the pulse is rapid; the respiration accelerated.

In endocarditis, pericarditis, croup, there is but slight elevation of temperature.

The same in bronchitis (37°.7 to 39°), and it is this feature that distinguishes pneumonia from bronchitis, accompanied by dyspnœa and intense fever. The grippe may give a temperature of 40°.6.

In acute pleurisy, he found the maximum to be 40°. Sometimes there is a slight difference in the temperature of the two sides of the thorax. The pulse and dyspnœa diminished at the same time with the decrease in temperature.

In pure infantile pneumonia, there is an elevation of temperature for seven or eight days, then a sudden decrease. In secondary broncho-pneumonia, the elevation continues longer, but with remissions and exacerbations; these latter corresponding to new inflammatory attacks. Decrease of temperature at the end of the disease exists, even if the case is mortal. Mr. R. Law, in three cases, on the day of death, the thermometer at 39°.38. If recovery is to take place, the decrease of temperature is greater. The extent, seat, and gravity of the disease, have but little influence on the thermometer. It is the age that limits the increase of the heat. When the temperature rises, the pulse is accelerated; the *vice versa* is not so often true. The relation between the respiration and the temperature is less marked than between the degree of heat and the number of pulsations. Mr. R. remarks that in no disease of children is the relation between the functions of respiration, heat, and circulation more pronounced than in inflammation of the pulmonary tissue; in none do we find a simultaneous, higher average, the temperature being 39°.97, pulse 133, and 52 respirations.

With children, the diagnosis between lobular pneumonia and bronchitis is difficult; but in the former we have sometimes 41.°27, while in the latter it seldom surpasses 38°. The diagnosis between pleurisy and pneumonia is based on the sudden elevation of the thermometer, on the latter, to 40°, 40°.5, or 41°. As to typhoid fever, it is distinguished from pneumonia by the temperature of 40° being reached in the latter in the first two days, and by the acceleration of the respiration; the mean respiration in pneumonia being 52, in typhoid fever 37.

As to treatment, Zeemsen has seen cold compresses applied on the thorax produce a falling of 1° to 3°, of short duration only, and a reduction of 24 pulsations. Bleeding produces a still less durable decrease. Tartrate of antimony causes the thermometer to fall from 40° to 36°.4 on the fourth day; the pulse from 132 to 84. Digitalis, on the fifth day, caused a reduction from 40° to 38°.7; but in this case, on the following day, it was again 40°. On the seventh day, defervescence.

Mr. Roger now passes to diseases which are characterized by a stationary temperature.

Tubercles, according to his observations, do not produce any augmentation, except by their complications. He rejects the doctrine of Wunderlick and Sidney Ringer, who pretend to diagnose tubercles by the aid of the thermometer. At the beginning, there is a slight increase of temperature; then comes the hectic fever, with oscillations of the thermometer—the exacerbations of the evening being more characteristic in this disease than in any other. The temperature is higher in thoracic tubercles than in those of the abdomen—in adults than in children (Andral). In two-thirds of the cases with children there is accord between the respiration, temperature, and the pulse. In cerebral tubercles, the exacerbations are remarkable. When there are new inflammatory attacks around the tubercles, Mr. R. calls attention to the fact that the temperature is little changed, although the nervous system, to which a great influence or *calorification* is generally admitted, is so severely attacked. In chorea and epilepsy there is no elevation; although convulsions augment the temperature after Becquerel and Breschet.

Now come the diseases in which the temperature falls.

There is a decrease of 17°, sometimes, in paralysis of the limbs. If only one side is taken, it may be that the temperature is less there than in the unaffected side.

In cholera, there is local and general decrease of heat; and the greater the decrease the greater the gravity; the temperature diminishing 4 °or 5° in the mouth, or 2° or 3° in the axilla, indicates danger. Sometimes, here, a quick pulse coincides with a low temperature.

In œdema of new-born children, the thermometer falls sometimes from 33° to2 2° (in the axilla, after Roger; in the rectum, after Parrot). At the same time, there is a complication which has unjustly been called a pneumonia, and which does not prevent the great decrease of heat. This complication is in reality an apoplexy, a congestion, and not an inflammation. Mr. R. has seen one of these cases of œdema, with the themometer at 32°.5 and 33°, recover. There is here a close relation between the pulse and the respiration. Sometimes the pulse was 60, and the respiration 14. Mr. R. attributes this Algid œdema of infants to two causes: First, to congenital or acquired weakness, which is found with children born before the full term, or in a state of inanition. Second, to the low temperature of the air—this disease being more frequent in winter. The author says there is here no Bright's disease; the kidneys are healthy. He recommends that the little patients be warmed and fed. There is some chance of saving the child, if the temperature, at first, has not fallen more than 4° or 5°.

Alcohol and Renal Disease.—It seems probable from discussions which have taken place lately in the *London Lancet* and other British journals, that the profession has been in error in regarding the immoderate use of alcoholic drink as tending to produce kidney disease. Dr. Dickinson has been at considerable pains to collect statistical information on this point; he has also looked into the whole subject very closely, and has arrived at the conclusion that drinking habits are not, on the whole, great contributors to the general mortality from kidney disease. This view is diametrically opposed to a wide-spread medical belief, and one which is sure to meet with considerable opposition. It is a well-known physiological fact that only a small quantity of the alcohol taken into the system is eliminated by the kidneys. It cannot be, therefore, that the cells of the uriniferous tubes are overtaxed in the elimination of alcohol. Besides, it has never been proved, either by clinical observation or by statistical evidence, that there is any decided tendency of alcohol excess to produce kidney disease. The subject is a very important one, and requires careful investigation.—*Canada Lancet.*

COLDS—STOP THEM.—Dr. Dobell, in his recent work on winter cough, says, in emphatic italics, "*colds can be stopped without lying in bed, staying at home, or in any way interfering with business.*" He says that his plan, if "begun directly the first signs of catarrh show themselves in the nose, eyes, throat or chest, . . . is almost infallible," but "will not answer if the cold has become thoroughly established."

The plan is as follows :

"1. Give five grains of sesquicarbonate of ammonia, and five minims of liquor morphia in an ounce of almond emulsion every three hours. 2. At night, give ℥ iss. of liquor ammonia acetis in a tumbler of cold water, after the patient has got into bed and been covered up with several extra blankets ; cold water to be drunk freely during the night should the patient be thirsty. 3. In the morning, the extra blankets should be removed, so as to allow the skin to cool down before getting up. 4. Let him get up as usual, and take his usual diet, but continue the ammonia and morphia mixture every four hours. 5. At bed-time, the second night, give a colocynth pill. No more than twelve doses of the mixture from first to last need be taken, as a rule ; but, should the catarrh seem disposed to come back after leaving off the medicine for a day, another six doses may be taken, and another pill. During the treatment the patient should live a little better than usual, and on leaving it off should take an extra glass of wine for day or two."

Dr. Dobell says his patients call this the "magic mixture."—*Boston Med. & Surg. Journal.*

MCINTOSH ON DYSMENORRHŒA AND ITS TREATMENT WITH SULPHATE OF QUINIA AND EXTRACT OF STRAMONIUM SEEDS.—The results of an experience with each of these drugs, used separately, led Dr. McIntosh (*American Quarterly Journal of Medical Science*, Jan. 1873) to unite them in the following proportions, varied according to the requirements of each individual case: "Give a pill consisting of one-fourth to one-third grain ext. daturæ stramon. sem. ; one-half to three grains sulph. quinia ; one-fourth to one-half grain opii ; one to two grains camphor, three times a day for five days, beginning three days before the catamenial discharge, and continuing for two days after its inception. The same treatment is to be commenced just previously to the next monthly period; and usually from four to eight repetitions, where there is no mechanical obstruction, will secure a regular, painless monthly flow." Latterly Dr. McIntosh has added powdered ipecacuanha to the above pill, and, as he states, "with benefit." "With the foregoing treatment should always be combined such emmenagogue and furruginous medicines as an anemic or other condition may require, while special directions should be given to procure a daily action of the bowels. A careful avoidance must be observed of exposure to cold or wet, and great care in keeping the feet warm, and a good circulation in the lower extremities generally.—*Medical Record.*

CHAUVIN ON CÆSAREAN SECTION : RECOVERY.—Dr. Chauvin (*Journal de Med. l' Ouest*, 4me trimestre, 1872) gives the details of a case in a rickety patient, aged twenty-six, with a very contracted pelvis antero-posteriorly (3½ centimetres=1.37 inch). No cephalotribe was at hand, though, had it been, he would gladly have employed it, as, from the cessation of the movements of the fœtus and absence of the heart-sounds, its death was feared. Hysterotomy was performed in the usual way—a very large dead fœtus being extracted. Rigors and fevers ensued. Mercurial inunctions were employed. Convalescence was complete by the twenty-first day. Dr. Chauvin thinks that the history of this case should encourage country practitioners to resort to the operation under similar circumstances.—*Medical Record.*

COHNSTEIN ON DETERMINATION OF THE LIFE OR DEATH OF A FŒTUS.—Dr. Cohnstein (in *Arch. fur Gynak.*, vol. iv. 3d part, 1872) states that the information whether the fœtus is living or dead during pregnancy, but especially during parturition, is often of the greatest importance ; and where hearing the fœtal heart and feeling the fœtal movements fail or are uncertain, ascertaining the temperature *in utero* will often very materially assist if not decide us in determining the question. It is a fact that the temperature of the fœtus *in utero* is higher than the maternal temperature ; and experience proves that the careful introduction of the thermometer into the uterine cavity between the membranes and the wall of the uterus is unattended by harm. We have thus a ready mode of settling the question when it is otherwise doubtful.—*Medical Record.*

THE degree of Doctor of Medicine was conferred on twenty candidates at the close of the recent spring examination at Harvard Medical School.

DR. TILT was recently elected President of the Obstetrical Society of London; and Sir William Jenner has been chosen President of the Pathological Society.

THE SEWERAGE QUESTION.—This is the most prominent sanitary question now under examination in England, and many costly experiments are being tried by private companies and municipalities in the endeavor to turn sewerage to profitable account, without danger to public health. We have a large number of printed documents relating to this important subject, but refer the reader for its general discussion to the fourth report of the State Board of Health of Massachusetts, now in press.

The following sentence, which we quote from a recent writer in the London *Medical Times & Gazette*, well and briefly expresses the object of all efforts in this direction :

"As life involves the conversion of food into sewerage, so science must convert sewerage into food, and deal with it so as to make the earth fertile, the air pure, and the water sweet."—*Boston Med. & Surg. Journal.*

Book Reviews.

The Practice of Surgery. By Thomas Bryant, F.R.S., Surgeon to Guy's Hospital, London, with 507 illustrations. Published by Henry C. Lea, Philadelphia: 1873.

This octavo volume, of about 1000 pages, is, in many respects, different from the ordinary surgical text-books of English authors. The illustrations, which are over 500 in number, are for the most part original, and copied from specimens in the museum of Guy's Hospital, London. This originality, though not specially advantageous to the undergraduate student, is of great value to the practicing surgeon, as it opens to him a new treasure-house of instructive cases, not found in other books. Another point of the author's superiority over most English writers, is his free use of statistics, which, like his illustrations, are largely from the records of Guy's Hospital. It is unfortunate for science, that British surgeons of eminence early took a prejudice against statistics, and not only neglected them, but even wrote against them. So completely has this feeling prevailed among them that they not unfrequently apologize in a deprecating manner, as though they were committing a sin, when they quote statistical results.

It is probably owing to this influence that, except in Guy's, St. Bartholomew's, St. Thomas's, and the Ophthalmia hospitals, there is scarcely a scrap of useful clinical record to be found among all the numerous hospitals of London. The return of British surgeons to sound sense in this matter will greatly promote the cause of science.

The surgery of the genito-urinary system is quite fully treated, occupying 200 pages. The subject of lithotrity is discussed with especial care.

The author discusses anæsthetics briefly, but with candor and care, so far as chloroform is concerned. He has obtained a more correct idea of the mortality produced by this agent than most other English surgeons. In giving the per cent. of deaths from it he apparently uses the figures of Dr. Andrews, of Chicago, which have recently been republished in the English journals without credit.

He appears to be scarcely acquainted with ether, and merely says, that "the Americans have still a preference" for it.

His discussion of amputation is concise, and marked with excellent sense. At the ankle-joint he prefers Pirogoff's operation to Syme's, contrary to the opinion of most Englishmen, but agreeing with the best surgeons here.

On the whole, this work is to be greatly commended for placing in the hands of the surgeon a mass of new facts, new illustrations, and new opinions, all set forth with candor, and with a clear and a well-balanced judgment.

New books received through Messrs. W. B. Kean & Cook :

A Manual of Histology. By Prof. S. Stricker, of Vienna, Austria. New York: Wm. Wood & Co.

A Treatise on Apoplexy, Cerebral Hæmorrhage, Cerebral Embolism, Cerebral Gout, Cerebral Rheumatism and Epidemic Cerebro Spinal Meningitis. By John A. Lidell, A.M., M.D. New York: Wm. Wood & Co.

Dental Caries, and Its Causes. By Drs. Liebre and Rottenstein. Tsanslated by Thos. H. Chandler, D.M.D. Philadelphia: Lindsay & Blakiston.

Original Communications.

ECZEMA GENITALE.

BY JAMES N. HYDE, M.D., CHICAGO.

An exceedingly common and distressing cutaneous affection is that called eczema genitale, or eczema pudendi. It is described by Erasmus Wilson and Tilbury Fox as characterized by the phenomena peculiar to catarrhal or eczematous inflammation of the integument in all portions of the body. It ordinarily is first developed upon the scrotum, and extends to contiguous patches of the thighs, anus, or perineum; or, commencing in the latter situation, it spreads subsequently to the scrotum. It is accompanied by intolerable pruritus, increased rather than diminished by the efforts of scratching. The vesicles usually burst or are ruptured as soon as formed; copious ichorous secretion is effused; fissures and excavations result. It assumes the chronic form, lasting for months and years, and is peculiar to the middle period of life. In females it is, if possible, more distressing than in males, and is complicated by mucous surfaces becoming affected; the vulval irritation being aggravated by morbid vaginal secretions, which come in contact with its lining membrane. The functions of the region are deranged, the smarting and pruritus becoming excessive. Children are rarely affected. Fox adds, that the scrotum is often thickened, puckered, moist and tender. Sometimes it becomes covered with large, thin scales, the fluid oozing freely from numerous fissures between them. The affection is termed eczema nummularis, and lepra vulgaris, when the patches occur in the shape and of the size of coins of metal.

There is a sub-variety of this local disease, which is so well marked in its causation and phenomena that one is tempted to give it a special name, even though he have in view the charge that "dermatology consists of a nomenclature."

It occurs almost exclusively in middle life, and is characterized by a catarrhal affection of the surfaces bordering upon the anus, with a predilection for the integument in the cleft of the nates. It is essentially chronic in its course; lasts for months and even years; and *exhibits no tendency to spread or extend* to neighboring surfaces. The occurrence of vesiculation, as Wilson intimates, is rarely observed at the time of clinical examination, such stages having been succeeded by papular or scaly eruption. There is reason to believe that the sebiferous system is usually implicated.

The history of patients thus affected is frequently this: They noticed, at first, a slight irritation or itching of the parts in the neighborhood of the anus. For relief they have made trial of various external medicaments, obtained of druggists or suggested by friends. These proved of no avail; the eruption became chronic; the implicated surface did not increase in extent; but the itching became so severe and intolerable, especially after becoming warmed in bed at night, that this induced them to seek professional assistance. And often they have rung the changes on lotions, ointments, powders and internal preparations, till they despair of relief.

Patients of this class are not such as are generally catalogued subjects of eczema. The disease occurs equally among those who do and those who do not pay scrupulous attention to personal cleanliness; in the emaciated and the obese; in those who are otherwise unconscious of physical ailment, as well as in those who suffer from dyspepsia or constitutional contamination. It is also found in persons of all temperaments.

At present, dermatologists are agreed that eczematous or catarrhal forms of cutaneous disease depend upon faulty innervation. And it is not necessary to believe that this is always a cause which obtains generally; "faulty innervation" may be true only of the area supplied by a single nerve-twig. Podcopaew has demonstrated the existence of fine plexuses of nerves external to the nervous papillæ, and forming a network in the rete-mucosum of the epidermis. It can then be seen how readily external irritants may produce a nerve-paresis, and how the meta-

morphosis of cells in the cuticle is more dependent upon vital than mechanical forces.

They who have noticed the fetor of pus in abscesses located in the recto-ischial space, and particularly in abscesses where no communication was established with the gut, can readily believe that mere proximity of stercoraceous substance is sufficient to excite irritation in neighboring parts. The use of printed newspaper after stool is probably another cause of this form of eczema. Such a habit has been assigned in order to account for the production of external hæmorrhoids also; but this can be shown to be an error. When the tissues adjoining the anus are engorged with blood, as a result of effort in defecation, one can hardly overestimate the injurious effects of contact with a sheet of paper which has been passed over rollers lubricated with kerosene, and impressed with an ink manufactured of lamp-black and linseed oil (see for example the *Evening Journal* of our city). Bathing in warm or hot water certainly aggravates, and perhaps predisposes to this complaint.

Indications for treatment are found in considering the pathology of this affection; and the results of a properly directed medication in cases which have lasted for years is as surprising as it is satisfactory. Soothing applications are requisite, of such a character that they protect the parts from contact with external irritants, and *influence directly the nerves* in the vicinity, while exercising an alterative action upon the skin and such of its accessories as are concerned in the disorder. Now, such an external application should be made in the form of an ointment, inasmuch as the active factors of irritation are almost constantly present; and ointments can be applied in such a way as that the diseased skin can be completely protected from the time of one application to another; while the application of lotions and powders in this region has an effect which is more or less transitory, according as the patient is or is not engaged in his ordinary occupations.

I have succeeded in giving complete relief to the last six patients who have consulted me with reference to this complaint, after a few applications of the ointment of belladonna, combined with the sulpho-carbolate of zinc. Such a preparation seems to meet fully the indications given. The use of the zinc-salt was suggested to me last year by a friend, a physician, who had succeeded in relieving himself, after making trial of various preparations for years, of an eczematous patch upon the scrotum.

I am, however, inclined to believe that the belladonna is the more useful agent in this combination; not only because of its relief of the intolerable itching, which is the result of the nervous derangement in the site of the disease, but also because I have seen painful syphilitic condylomata disappear under its use (as well as eczema genitale) when the drug was given without combination.

It would hardly seem necessary to call the attention of the profession to these details, were it not for the fact that belladonna is *not* very generally recommended in cutaneous affections. Of one hundred and ninety excellent formulæ appended to the very practical treatise of Tilbury Fox, on "Skin Diseases," one only contains belladonna as a component, and that recommends its use in solution with glycerine and hydrocyanic acid, "for papular and phlegmonous affections." In the body of this work the remedy is alluded to once in connection with the treatment of catarrhal inflammation of the skin. Dr. McCall Anderson, though he discusses exhaustively and with great ability all medications advised in the treatment of this disease, is equally silent on the subject of belladonna.

If any one will take the trouble to examine the U. S. Dispensatory on this subject, he will discover that the enumeration of the "medical properties and uses" of this medicament as an external application, includes merely its availability in schirrhous tumors, and cancerous or ill-conditioned ulcers; in certain disorders of the mammæ, uterus, bowels, urethra, bladder and sphincters; and especially in cases where there is tension, fissure, spasm or undue tonicity of fibre. No reference is made to its therapeutic value in cutaneous disorders. Nor do the French author-

ities give details on this point. Hirtz, in a monograph before me, on the subject of belladonna, makes no allusion to such applications in skin diseases, though careful to enumerate every other possible use of this valuable agent, in the fulfillment of two leading indications—relief of pain and resolution of spasm.

It is possible that the appearance of its *medicinal rash*, after an internal exhibition, may have tended to produce a belief that the remedy is counter-indicated, when an eruption already exists ; but such an opinion can be readily shown to be untenable.

In prescribing the preparations of belladonna, it is advisable to order an extemporaneous ointment, rather than the officinal, which contains sixty grains of the extract to the ounce of lard. Apart from the consideration that the former will be very much more likely to be newly compounded than the latter, it will be advantageous to change the quantity of extract in each ounce, according to the severity of the itching, and the grade of the disease. A scruple of the extract to the ounce of lard and cerate, will occasionally prove sufficient to allay the irritation in moderate cases. The sulpho-carbolate of zinc, as prepared by Messrs. Powers & Weightman, of Philadelphia, is now kept in most of our drug stores, and may be used in doses similar to those of the ordinary sulphate, from half a grain to ten grains (and even more) being incorporated into ointments, according to the locality and disease to which they are to be applied.

LOCOMOTOR ATAXY CAUSED BY TRAIN MOVEMENT.

BY DR. G. C. LAWRENCE, RESIDENT PHYSICIAN, HOT SPRINGS, ARKANSAS.

Among the many chronic ills that are brought to our notice for treatment, at the Hot Springs of Arkansas, we find, annually, an increasing number of invalids who are afflicted with nervous ataxia.

In effort to determine more fully the causation of this disease, the history, occupation, habits of life, hereditary predisposition, age, duration of the attack, progress of the malady—in fact, everything that it is deemed desirable to learn concerning each particular case—is properly investigated. The review of our practice for the past ten years satisfies us that a certain *occupation* is a source of the progressive ill, and that such *employment* is promotive of *locomotor ataxy.*

Our attention was first directed to this subject by the fact that so large a proportion of our patients were railroad employes—conductors, engineers, government mail agents, express messengers, route agents, baggage masters, brakemen, firemen, and others who travel much by rail.

We are convinced, by careful observation, that constant railroad traveling is abusive to health, and an injury to the brain, nervous, and muscular system. That such travel is always a struggle with the nerve and muscular system, in effort to keep up a due equilibrium of forces, to antagonize the bi-lateral curve, or zigzag movement of the engine and cars, called *train movement.*

It is doubtless the train movement that causes visual or perceptive derangement, and provokes the disturbances in the powers of co-ordination.

It is the complex-lateral-vibratory action, an impulse acting from the extremities and periphery to the center, that the system has to contend with in dynamic agency.

Train motion is mostly from side to side. When standing, it keeps up in the body a constant resisting-force—an attitude of fixed muscular action on the part of the traveler, as if ever in readiness for every action caused by the forces of motion.

The train movement demands constant vigilance in position, for counter-action. It is a constant tension, or strain, on a part of the muscular system ; consequently the brain and motor nerves must suffer.

Train motion is unlike ship movement. The action of motion upon the brain, nervous and muscular systems, on shipboard, or on steamboats, is different from that of a railroad train. Aboard ship, especially at sea, we have, generally, the long, undulating, pro-

pelling, or plunging motion of the vessel; on steamships or steamboats, at sea, and inland navigation, it is similar, and does not provoke the result of train motion.

The officers of the respective navies—English, French, and American—enjoy average health, and (for the dangers of the occupation) they generally reach a fair period of life. Locomotor ataxy, according to our experience, is rarely found—at least it is less marked—among sea-faring men, officers, sailors, and marines.

This subject merits further investigation. Railroad men, in these days of commercial prosperity, comprise a large class of the community in every city on the continent.

The liability to this fearful disease should be better understood, and a longer period of rest given to all traveling agents belonging to railroad companies. Those who run great distances on trains, always, more or less, feel the wear and tear upon the machinery of life. Those who run on fast trains, especially when doing night service, grow weary, and require more quiet sleep. On *straight roads* the fatigue and exhaustion in travel is less to the system, than on those that are *curved.* Accommodation trains (all slow trains) provoke less injury than the rapid movement of express trains.

If any medical gentleman—one who is accustomed to study the anatomy of the expression in health and disease—will scan the face of an engineer of a passenger train—watch his anxious look and his attitude when the train is moving, with one hand on reverse-bar and the other on the throttle; with a nervous vigilance watching every movement of the machinery of the locomotive; also, an ear alive to and quickened in sense ; educated to every sound, front and rear—he will surely feel satisfied that the duties of his place do not tend to longevity.

Give railroad employes more sleep, less physical fatigue, and it will doubtless serve to give health.

Correction.—In the article of E. S. Cleveland, in our March 15 number, acetate of potash, two grains, should read twelve grains; and tinct. ferri, half an ounce, should read two ounces.

Society Reports.

CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

PROCEEDINGS OF MEETING HELD MARCH 10TH, 1873.

Society called to order as usual, the President, Dr. Trimble, occupying the chair.

The minutes of the previous meeting were read and approved.

Dr. Montgomery submitted a paper upon "Pathology of Ovarian Cystic Tumors;" also, giving several extracts in detail, from the late journals of the country, and the advancement made upon this subject during the last twenty-five years. He spoke at length upon the particular kind of cell (that is, when found), and called by Dr. Atlee "the ovarian granular cell" in the cysts of ovarian tumors, called by Laenec "the corpuscles inflammatories." This cell is described as being of a grayish-brown color, and varies from one-eight thousandths to one-seven hundreths of an inch in diameter, and was found in thirty-one out of thirty-four specimens examined by Dr. Atlee. This cell is pathognomonic of ovarian tumors and no other. In dropsy of the broad ligaments, a tumor, that forms the most close resemblance possible to ovarian tumors, this peculiar cell has not been found; nor in fibro-cystic tumors of the uterus.

By request of the Society, Dr. Trimble read a paper on "Tobacco." After giving a brief history of its discovery by Europeans, and its introduction into use in Europe, he gave a brief account of its natural, commercial, and chemical history, and its application to disease; and remarked, though other remedies had very nearly banished it as a therapeutic agent, yet it has strong and active medicinal powers. He stated that, by analysis, it had been found to contain, among other constituents, nicotine, hydrocyanic acid, and an empyreumatic oil, all of which were most virulent poisons; and asked: "How, then, can a plant containing three such deadly and active poisons, be used so freely, without great detriment to the health? In addition

to its sedative and narcotic powers, tobacco is emetic, cathartic, and sialagogue." He thought that it operates through the nervous system, and through the circulation. Though its effect, when moderately used, was to allay nervous irritability, and to produce a state of languor and repose, yet in larger quantities it often occasioned confusion of the mind, vertigo, stupor, faintness, nausea, vomiting, and general depression of the nervous system and circulation; its toxicological effect being continued and distressing nausea, feeble pulse, cool skin, syncope, convulsions, and death. He spoke especially of its injurious effects upon the young and sedentary, and of the liability of such to resort to alcoholic stimulants to relieve the depression and prostration caused by it. He then proceeded to state some of the evil effects produced by its use, and quoted numerous authors to substantiate his remarks. Nervous excitement, insomnia, emaciation, general debility, indigestion—producing in some a diminution of the amount of fæces, and constipation—were some of its lesser evils; while its effect upon the heart's action was, in some individuals, very marked, producing what had been termed narcotism of the heart, irritation of the gums and lips, in some instances terminating in cancer, several cases of which he had seen, and always in men, and those who smoked tobacco. It has been known to affect the external senses, and deafness and amaurosis have been some of its results. He quoted cases to show that it produced baldness. He also quoted from a work by Dr. Napheys, to show that it destroyed, at a comparatively early age, the virility of men, and was supposed to be one of the great causes of the decrease of births in our American population. In conclusion, he remarks: "These are some of the evil effects of this most potent drug, whose use has become an almost universal infatuation in this western hemisphere, and whose nauseous fumes and poisonous vapors, pollute the atmosphere of our houses, our public halls, our clothing, our breaths, and the very air we breathe. As a medicinal agent we can readily substitute other substances for it; and for all other purposes, it would be a blessed boon to mankind if it was banished from the face of the earth. The good Queen Victoria, it is said, prohibits the use in her palaces and privote domains. If I had the power, I would make of it one great holocaust—one grand and final *smoke.*"

Dr. Hyde thought the use of tobacco preserved the teeth, as he had been so assured by dentists who had investigated the subject; and, as a general thing, teeth were better preserved in the male than in the female sex; also, that there were less nervous diseases associated with men than women. He quoted from Dr. Trousseau, who says tobacco is undoubtedly a cathartic, and does not produce constipation. He also quoted from Dr. Hammond, who says his weight (Dr. Hammond's) is increased when he smokes. Dr. Hyde thought the truth lies between the two extremes, both with regard to the use of tobacco and alcohol, by taking too much of either. He thought the loss of hair was more attributable to a dry climate than to the use of tobacco, as in Sweden the people had better heads of hair than those who lived in California, Spain, France and Portugal; and that it was due to the climate not being so dry in Sweden as in the latter countries; and the people smoked just as much in one as in any of the other countries.

Dr. Emmons said the bowels became constipated when patients became debilitated and nervous from the use of tobacco. He thinks smoking is more injurious than chewing, and says any one addicted to smoking is quite apt to drink alcoholic liquors, from the reason that if any one smokes too much, and become nervous, they take a drink of liquor to invigorate themselves and steady their nerves; but thinks the moisture of the atmosphere, when one smokes, makes one more nervous than the nicotine in the tobacco does. He said, if a dog was poisoned with nicotine, and recovered, it lost its hair. This, in the lower animals, would go to prove Dr. Trimble's statement. They also have ulceration of the eye-lids, and inflammation of the bulbs is quite prone to spring up.

Dr. Lyman thinks the hair grows better in the tropics; and the largest and finest, and

best developed hair is more often found here than in any other zone of the earth.

Dr. Fisher thinks, any one using tobacco uses too much. So with alcohol. Said chewing gave some patients dyspepsia, although the bowels were excited, due to the peristaltic motion being started. He thinks one never ought to learn the habit of smoking or chewing before they attain maturity; but does not advise any one, at this age, to do so, as in young people it produces palpitation, and its use is detrimental. He thinks, after manhood, to smoke moderately is not detrimental, and to abandon it would injure one, *i. e.*, where they have used it moderately. He thinks persons of bilious temperament are less liable to become injured by smoking than others.

Dr. Montgomery thought the use of tobacco caused, in a good many persons, cardiac palpitation, and acted more as a cathartic than the opposite. It also produced dyspepsia, or indigestion, with acid stomach; and to use it in excess produced nervous prostration, and, in severe cases, paralysis. Related a case in which a gentleman had often tried smoking cigarettes, but it invariably nauseated him, although the other male members of the family used them, and the forefathers on each side of the family. It was liable to produce *gastric ulcer*, and was a powerful nerve sedative; and if used to excess it was classed narcotic; and who can be persuaded to think otherwise, when tobacco, analyzed, contains nicotine, or *nicotia*, hydrocyanic acid, sulphureted hydrogen, etc., *some* of the most powerful narcotics we have. Tobacco is hardly ever prescribed, while, on the other hand, alcohol is. So, too, with strychnia, arsenious acid, both valuable medicines. Even theine and caffeine are injurious, if taken in excessive amounts.

Psychology in Paris.—Lasegue has just commenced his course on mental affections in the medical clinic at Paris. The great amphitheater of the Faculty could not seat the whole audience, which numbered over 2,000. It is necessary to go an hour or two earlier to get a seat.—*Paris Letter to Vienna*, Jan. 25, 1873.

Clinical Lectures.

FUNCTIONAL DISEASE OF THE HEART.

LECTURE DELIVERED IN MEDICAL WARDS OF MERCY HOSPITAL. BY N. S. DAVIS, M.D., PROFESSOR OF CLINICAL MEDICINE, ETC.

Gentlemen :—The case before you is that of a young woman, who has been sent here by her attending physician, more especially for the purpose of eliciting our views in regard to the diagnosis. She presents a nervous temperament; is thin in flesh; moderately spanæmic; bowels costive; respiration quiet and easy when at rest; action of the heart steady and regular, but easily disturbed by quick exercise or excitement, and sometimes palpitating violently when she is entirely quiet, or even lying in bed. Her appetite is not good, and she says she can take but little beside bread and tea; and even these cause a sense of heaviness and discomfort in the stomach for some time after each meal. Her menstrual periods are natural; but she complains of weariness, inability to sleep well, especially in the first part of the night; and frequent paroxysms of mental apprehension and cardiac palpitation, when alone and quiet, much more than when occupied. For several years past she has been so employed as to keep her closely confined in warm rooms, and has indulged in the free use of strong tea. For several weeks past she has suffered so much from the sense of weakness, mental anxiety, and cardiac excitement that she has omitted all attempts at work, her mind being impressed with the idea that she has serious organic disease of the heart. To determine whether this idea is correct or not is the principle object of her coming before you to-day. I have given you, briefly, her present symptoms and past history, and will now note what can be learned by auscultation and percussion. Application of the stethoscope reveals nothing unnatural in the respiratory sounds in any part of the chest, unless it be a slight prolongation of the respiratory murmur in the infra-clavicular region

of the left side. Neither is there a perceptible alteration in the resonance, as indicated by percussion.

On applying the ear, or stethoscope, over the cardiac region, we find the rhythm or succession of phenomena natural, but the systolic action is quick, short and sharp, and the first sound a little exaggerated, though not rough. The sound in the aorta, especially near the arch, is also louder than natural, but is neither rough nor harsh.

The essential symptoms of this case then may be stated as follows: general feeling of weakness, with mental depression and anxiety; indigestion; moderate constipation; nervous excitability and cardiac palpitations, more especially when quiet and alone; a sense of fulness or oppression in the upper part of the chest, and occasional sharp pains under the left breast; insomnia during the first half of the night, and a slight exaggeration of the cardiac sounds. Do these phenomena indicate any form of disease of the heart? Valvular disease in any of the cardiac openings always causes more or less roughness, and, generally, irregularity in rythm, and uniformly increases the symptoms when the patient attempts exercise, and diminishes them when at rest. Simple hypertrophy, without cardiac disease, causes constant increase, both in the force and direction of the systolic action of the heart, as well as increased shortness of breath on attempting exercise. If the muscular structure of the heart had undergone degeneration, fatty or otherwise, the effect would be to render its action weak, often irregular, and always tremulous or disturbed on taking exercise. You thus observe one symptom common to all organic diseases of the heart, namely, increased trouble, both in respiration and the abnormal action of the heart by exercise. On the contrary, nervous, sympathetic and functional disturbances of the heart are more apt to trouble the patient when quiet and alone, or after eating, than while the mind and body are both occupied with moderate exercise. Apply these rules to the patient before you, and you will have little difficulty in arriving at a satisfactory diagnosis. The quick, systolic action of her heart, the cardiac fluttering and mental depression when alone, and sitting or lying still, the temporary excitement after eating, and the various morbid feelings in the upper part of the chest, as well as in the cardiac region, that prevent sleep in the first part of the night, all show that the cardiac disturbance is purely functional, arising from a morbid sensitiveness of the cardiac and cœliac plexuses of the sympathetic and the pneumo-gastric nerves. The morbid condition of these portions of the nervous system, and the consequent impairment of digestion and nutrition, in this case, has resulted from the co-operation of two causes, namely: close, long continued confinement within doors, and the too liberal use of tea. The latter is one of the most direct and pure excitants of the nervous structures that we possess; and when used persistently and freely, especially by those who take but little exercise in the open air, it often induces that morbid susceptibility of the nervous centers, which causes loss of appetite for nutritious food, insomnia, tremulousness, palpitations, pain under the left breast, etc. This young woman says that I examined her about two years since, on account of symptoms similar to those of which she now complains, and that I then assured her that she had no organic disease of the heart. I must repeat the same assurance to her to-day, with the addition that she can be relieved of all her annoying symptoms, and regain fair health, if she will permanently correct the faults in her mode of life. If she will take from one to two hours of active exercise in the open air daily, occupy a sleeping room sufficiently capacious and well ventilated, take nutritious and digestible food regularly at the meal-times, and entirely avoid the use of tea, coffee, and all other nervous excitants and exhilarants, in six weeks she will be able to sleep as soundly, and feel as free from apprehensions of "heart disease," as any of us. She may be aided in attaining so desirable a result by a judicious use of medicine; but the latter alone can never afford permanent relief, while the causes that have been most influential in producing disease, are permitted

to continue operative. One of the following pills, taken just before each meal-time, would improve the tone and efficiency of the digestive organs, and promote regularity in the intestinal evacuations:

℞.—Ext. hyosciamus, 40 grs.
Ext. scutellaria, 40 grs.
Sulph. ferri, 40 grs.
Pulv. aloes, 15 grs.
Blue mass, 10 grs.
Mix. Divide into 40 pills.

And two teaspoonfuls of the following solution would ensure much earlier and better sleep at night:

℞.—Bromide pot., ʒ iv.
Tinct. digitalis, ʒ iv.
Syrup prunus virg., ℥ ii.
Aquæ ℥ iss.

A New Method of Treating Retention of Urine and Impassable Stricture. By Furneaux Jordan, F.R.C.S. (*Brit. Medical Journal*, Nov. 9, 1872).—The author states that he has been for a long time considering the possibility and propriety, in cases of retention of urine and impassable stricture, of getting behind the stricture and passing instruments forward—the way the urine runs.

The case is related of a patient who had a distended bladder and dribbling of urine, consequent upon retention. Repeated efforts to pass instruments failed.

Dr. F. then carried the left forefinger and pointed bistoury into the rectum; the point of the bistoury was then thrust forwards through the anterior median line of the rectum, an inch and a quarter from the anus, into the membraneous part of the urethra, and then drawn forwards for a short distance through the incision. The finger could then be easily passed to the stricture in front, and backwards into the bladder. A bougie was passed forwards through the stricture, and emerged from the end of the penis; the ivory open end was then cut off and carried by the finger backwards into the bladder. The catheter, through which the urine flowed freely, was allowed to remain twenty-four hours and was then withdrawn and a larger one passed through the meatus, until soon a No. 12 could be passed without difficulty. After the patient had been allowed for a few days to pass the urine by natural efforts, during which a little entered the rectum, the rectal fistula was closed in eight days by drawing off the urine several times in the twenty-four hours, especially before each act of defecation.

The author claims that by thus opening the uretha in front of the apex of the prostate gland, the danger of wounding the peritoneum is avoided—a danger which is present in the ordinary puncture of the bladder by the rectal trocar, for the reason that, in cases of retention, resulting from old stricture, the prostate is apt to be crowded back nearer to the peritoneal cul de sac than it is found to be situated in the normal state of things.

For a full report of this interesting lecture, together with the plates illustrative of the operation which is here advocated, we must refer the reader to the journal from which we have made this brief extract.—*Boston Med. & Surg. Journal.*

Reception of Certain Poisons During Sleep.—A writer in the London *Medical Times*, puzzling over the indubitable fact that sewer-men and "night-cart" men are not so liable to suffer from the specific poisons of the materials with which they have to deal as we might expect, suggests that possibly the body is more ready to receive these poisons *during sleep*, and may repel them during waking hours.

This idea seems well worth keeping in mind by physicians, to be proved or disproved by careful observation. The proclivity to take malarial fevers *by night*, on Southern plantations, may be remembered in this connection.—*Boston Med. & Surg. Jour.*

Monti on Constipation in Children.—Dr. Alois Monti (in the *Wien. Med. Presse*, xiii, 26–28, 1872), contributes an exhaustive paper on this subject. He thinks it due to the defective development of the muscular tissue of the intestines, and to the peculiar form of nourishment at this period. He sums up the various causes:—1. Mechanical impediment, as in congenital deformity, imperforate anus, invagination, hernia, etc.; 2. Defective nourishment, as from congenital defects of the throat, too little secretion of milk, etc.; 3. Faulty nourishment, as from excess of casein or defect of fatty matters in the milk, bringing up by hand, etc.; 4. Deficiency or diminution of the peristaltic movements of the intestines, atrophy, etc.; 5. Diminution of the intestinal secretion, as in long-continued diseases in consequence of anemia. Constipation is further a symptom of diseases of the brain and spinal cord; also a consequence of deficiency of drinks, of the use of astringents, presence of ascarides, fruit-stones, etc.; and, in older children, it arises in consequence of deficient bodily exercise. The cause suggests the remedy—cod-liver oil and enemata of cold water, mineral waters, manna, etc.—*London Med. Rec.*

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, April 1st, 1873.

EDITORIAL.

WHO ARE THE MANAGERS?

The *Medical Record* recently closed a brief notice of the Transactions of the American Medical Association as follows: "We would make this suggestion to the *managers* of the American Medical Association: *First*, Let the transactions be confined to the reports of committees, abridged by the committee of publication, the lists of members, minutes of the meetings, and other miscellaneous matter. A volume thus constituted would be small and compact, and valuable for reference. *Secondly*, Let the papers read in the Sections —if they have any value—be recommended for publication in some medical journal." We do not know who the editor of the *Record* means by *managers* of the Association. We find no officers, or committee, or board, with that title, provided for in the Constitution or By-Laws; and we doubt whether it is either proper or just to make use of such phraseology as implies that the Association is under the dictation or control of a few individuals or "managers." It is calculated to impose an unjust responsibility upon a few; and, in the same ratio, to deter members generally from freely exercising their right of perfect equality, both in originating and discussing all matters pertaining to the interests of the Association or of the profession which it represents. Neither can we fully approve of either of the writer's suggestions. A volume of transactions, containing only the lists of members, the record of proceedings, and abridgements of the reports of committees, would not be worth the paper on which it would be printed; simply because the *Medical Record*, and every other enterprising medical journal in the country, would have substantially the same matter in their columns, and before the profession, weeks before the committee of publication could get it through the press in official form. We believe the volume of transactions should contain, in addition to the record of proceedings and the official reports of standing committees, all papers read in the Sections, embodying original investigations of value in any of the departments of medical science and art. All other papers should be either recommended for publication in some medical periodical, or returned to their authors, as their merits might indicate. And each Section, in order to make the discrimination necessary, should refer every paper presented to it to a sub-committee for detailed examination and final report to the permanent Secretary of the Association, within thirty days after the adjournment of the annual meeting. And precisely this mode of sifting and classifying the reports and papers presented in the several Sections, was provided for by those whom the *Record* is pleased to call "managers" of the Association eight or ten years since. On page 674 of the volume of transactions for 1872, at the head of the list of ordinances now in force, are the following resolutions, adopted expressly for the guidance of the Sections at the meeting in Boston, in May, 1865:

Resolved, That the several Sections of this Association be requested, in the future, to refer no papers or reports to the Committee of Publication, except such as can be fairly classed under one of the three following heads, viz.: *First*, Such as may contain and establish *positively* new facts, modes of practice, or principles of real value. *Second*, Such as may contain the results of well-devised original experimental researches. *Third*, Such as present so complete a review of the facts on any particular subject as to enable the writer to deduce therefrom legitimate conclusions of importance.

Resolved, That the several Sections be requested, in the future, to refer all such papers as may be presented to them for examination by this Association, that contain matter of more of less value, and yet cannot be fairly ranked under either of the heads mentioned in the foregoing resolutions, back to their authors, with the recommendation that they be published in such regular medical periodicals as said authors may select, with the privilege of placing at the head of such papers, "Read to the —— Section of the American Medical Association, on the —— day of ——, 18—."—(*Vide* Transactions, vol. xvi, p. 40.)

If these directions were faithfully observed by each *Section*, the resulting volume of Transactions for each year, would be "small and compact" enough to satisfy even the *Medical Record*.

American Medical Association.—The next annual meeting of this national organization will be held in St. Louis, commencing on Tuesday morning, May 6th, 1873. All permanently organized medical societies are entitled to one delegate for every ten of their resident members. We hope the profession, especially in the West and Northwest, will be fully represented. Will the several societies in this city and State see that their delegates are appointed and duly accredited in good time?

Association of American Medical Editors.—In accordance with a resolution adopted at the last meeting, this Association will hold its next annual meeting in St. Louis, Mo., on the evening of Monday, May 5th, commencing promptly at 8 o'clock. Notice of the particular place of meeting will be given by the Secretary in due time.

Gleanings from Our Exchanges.

TRANSLATIONS FROM THE FRENCH.

BY DR. BOSWORTH, CHICAGO.

The Medical Union, of Canada, gives Dr. Brown-Sequard's almost intallible remedy for epilepsy:

℞.—Potassii iodide, ʒ i.
Potassii bromide, ℥ i.
Ammonii bromide, ʒ iss.
Potassa bi-carb., ℈ ii.
Infusionis columbæ, ℥ vi.

Dose, one teaspoonful three times a day before meals, and three teaspoonfuls in a little water at bed-time. Must push the dose till an eruption of acne appears, unless the remedy is causing sleep, lassitude and weakness of the legs. The patient must not omit the medicine a day, as an attack might occur. A slight purgative every five or six weeks increases the effects of the remedy.

Dr. Brown-Sequard says that epileptics generally badly support iron and quinine; but he recommends strychnia, arsenic, oxide of silver, cod liver oil, cold baths, wine, and good nourishment.

France Medicale, of February 12th, 1873, gives the following as having been employed by Dr. Boggs, with much success, in leucorrhœa and blenorrhœa:

℞.—Alcoholic tinct. of iodine, ℥ i.
Acidi carbolici, gtts. vi.
Glycerine, ℥ i.
Aquæ dist., ℥ vi.

The carbolic acid in this prevents the iodine from staining.

Same journal says Prof. Richet, of the Medical School of Paris, treats blenorrhagiac orchitis by first puncturing the scrotum and the vaginal tunic, to allow the serosity in the latter tunic to escape. The patient is then confined to abolute quiet, the testicles being supported by any hard substance placed on the anterior surface of the thighs. The genital parts are covered with an aqueous solution of alcohol; the latter is changed every half hour. By this treatment, recovery occurs in about eight days, which is much sooner than by the old method of leeching and poulticing.

This treatment of Prof. Richet also prevents the development, later, of hydrocele of the vaginal tunic, which, in two-thirds of the cases, has its origin from acute orchitis.

The puncturing of the tunic causes the cessation of the intolerable pain always attending inflammation of the testicles. This shortening of the disease gives much less chance for the seminiferous tubes to be obliterated, which quite often occurs when the epididymis remains in a chronic state of induration, as is frequently the case by the old treatment.

Same journal says: "The Russian government has authorized the Medical Academy of St. Petersburg to accept a donation of 200,000 francs from Mrs. Lidie Rodstvenna, for the foundation of a medical course expressly for ladies."

Miscellaneous.

AMERICAN MEDICAL ASSOCIATION.

Office of Permanent Secretary, Wm. B. Atkinson, M.D.,
1400 Pine street, cor. Broad, Philadelphia.

The Twenty-fourth Annual Session will be held in St. Louis, Mo., May 6th, 1873, at 11 A.M.

Physicians desiring to present papers before the Association should observe the following rule:

"Papers appropriate to the several sections, in order to secure consideration and action, must be sent to the Secretary of the appropriate section at least one month before the meeting which is to act upon them. It shall be the duty of the Secretary to whom such papers are sent, to examine them with care, and, with the advice of the Chairman of his Section, to determine the time and order of their presentation, and give due notice of the same."

OFFICERS OF SECTIONS.

Chemistry and Materia Medica—Drs. R. E. Rogers, Philadelphia, Pa., Chairman; Ephraim Cutter, Boston, Mass., Secretary.

Practice of Medicine and Obstetrics—Drs. D. A. O'Donnell, Baltimore, Md., Chairman; Benjamin F. Dawson, New York, N. Y., Secretary.

Surgery and Anatomy—Drs. Edward Warren, Baltimore, Md., Chairman; W. F. Peck, Davenport, Iowa, Secretary.

Meteorology and Epidemics—Drs. George Sutton, Aurora, Ind., Chairman; Elisha Harris, New York, N. Y., Secretary.

Medical Jurisprudence, Hygiene, and Physiology—Drs. S. C. Busey, Washington, D. C., Chairman; A. B. Arnold, Baltimore, Md., Secretary.

Psychology—Drs. Isaac Ray, Philadelphia, Pa., Chairman; John Curwen, Harrisburg, Pa., Secretary.

AMENDMENTS TO BE ACTED ON.—(TO CONSTITUTION.)

Resolved, That the United States Marine Hospital Service be placed in the same relative position in the American Medical Association as the Medical Departments of the United States Army and Navy.

And that, in paragraph 2 of the 2d section, after the words "army and navy," the words "and the United States Marine Hospital Service" be inserted.

(TO BY-LAWS.)

SEC. III.—*Standing Committees.*—That, instead of a report on Medical Education, on Medical Literature, and Climatology and Epidemic Diseases, there shall be annually delivered before the Association, at its general meetings, an address in Medicine, an address in Surgery, and an address in Midwifery, or the Diseases of Children, the lecturers to be appointed this year by the President; afterwards by the Committee on Nominations.

Also, in section 6, after the words "the chiefs of the bureaus of the army and navy," be inserted "and the supervising surgeon of the United States Marine Hospital Service."

Secretaries of all Medical organizations are requested to forward lists of their Delegates, as soon as elected, to the Permanent Secretary. W. B. ATKINSON.

MEDICAL REGISTER.

We call the attention of our readers to the following notice, and hope every member of the profession will promptly respond to such circulars as may be received, and thereby facilitate the work of Dr. Butler. The work is one involving much labor on his part, and will be of great value to the profession. Every facility should be given for its early appearance:

MEDICAL REGISTER AND DIRECTORY OF THE UNITED STATES.—Work on this important publication, which was delayed by illness, is now resumed with energy, and it will be issued as soon as the vast amount of material can be collected and arranged. The *Register and Directory* will contain as complete a list of the medical men in the United States, with their professional status, as can be obtained by personal application to each, and from other sources. Also, a complete medical history of each State, including all its medical institutions, societies, etc., and all medical legislation. Nothing will be omitted that will be of possible benefit to the profession. The co-operation of medical men in every section of the country is earnestly solicited in replying to the circulars sent out, and in *giving brief outlines of the history of medical institutions, hospitals, colleges, etc., and of State, and the more important local medical organizations.*

Circulars will be sent out hereafter *by States*, and announced through the medical journals. They *have been sent* to the following States and Territories, viz.: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Dakotah, Delaware, District of Columbia, Florida, and Georgia. *In March* they will be sent to Illinois, Indiana, Iowa, Kansas, Kentucky, and Louisiana, and all the remaining Territories. IMMEDIATE ANSWERS are requested, and prompt notification in circulars are not received.

Physicians are particularly requested to make as full replies as possible to the questions in the circular.

Medical Journals please notice.

S. W. BUTLER, M.D.

115 S. Seventh street, Philadelphia, Pa.

Obituary.

DEATH.—At a meeting of the Senior Class of the Chicago Medical College, the following resolutions were adopted:

Whereas, A mysterious Providence has removed from our midst our beloved classmate and brother, Mr. B. G. Tweed, who so soon would have finished his long and arduous pupilage and entered the active ranks of our profession,

Resolved, That in his death the Senior Class has sustained the loss of one of its most active and brilliant members, and the medical profession an able and enthusiastic supporter. He was a student of rare talent and promise. He was a Christian in principle and practice, zealous, gentle, and manly.

Resolved, That we tender to his bereaved mother and family our warmest sympathy in their great affliction.

Resolved, That a copy of these resolutions be sent to the bereaved family, and also to the medical journals.

J. S. MCCORD,
D. A. K. STEELE,
DAN'L LORD,
Committee.

Book Reviews.

The volume of Clinical Lectures by Prof. N. S. Davis, announcement of which will be found in our advertising columns, is now ready.

In order to give our readers an idea of the character and scope of the work, we copy the following table of contents:

LECTURE I.—*Continued Fever.*—Cases of Typhus and Typhoid Fever.—Bad Effects of Cathartics.—Value of Strychnia in Certain Stages.—A Case of Typho-Malarial Fever.

LECTURE II.—*Continued Fever.*—Cases Complicated with Emboli.—Bronchitis, Broncho-Pneumonia, Hypostatic Infiltration, Intestinal Ulceration, etc.

LECTURE III.—*Cases of Periodical Fever.*—Chronic Ague and its Sequelæ.

LECTURE IV.—*Rheumatic Fever.*—Acute Articular Rheumatism.—Muscular and Bronchial Rheumatism.—Rheumatic Inflammation of Spinal Nerves.—Intestinal Rheumatism.—Chronic Rheumatism, etc.

LECTURE V.—*Scarlatina and Rubeola.*—Renal Dropsy.—Suppression of Urine.—Convulsions.—A Case of Rubeola.

LECTURE VI.—*Respiratory Affections.*—Diphtheria.—Croup.—Chronic Bronchitis.—Rheumatic Bronchitis.—Asthma.—Pleurisy, etc.

LECTURE VII.—*Pulmonary Tuberculosis.*—Cases Illustrative of the Incipient, Suppurative, and Excavated Stages.—Diagnosis.—Treatment.

LECTURE VIII.—*Diseases of the Alimentary Tract.*—Gastritis.—Scirrhus at the Pyloric Orifice of the Stomach.—Chronic Inflammation of the Stomach.—Chronic Army Diarrhœa, Chronic Diarrhœa, Sequel of Typhoid Fever.—Acute Dysentery.

LECTURE IX.—*Intestinal and Uterine Irritation.*—Bilious Colic.—Tobacco Enemas.—Hydrate of Chloral and Belladonna Enemas.—Inflammation and its Treatment.

LECTURE X.—*Summer Complaints of Children.*—Diarrhœa.—Cholera Infantum, etc.

LECTURE XI.—*Summer Complaints of Children.*—Their Pathology and Treatment.

LECTURE XII.—*Dropsy.*—The Pathological Conditions that Give Rise to it.—Differences in Location and Progress.

LECTURE XIII.—*Cases of Cardiac Disease.*—Diabetes Mellitus.—Anæmia and Anasarca.—Biliary Calculi.

LECTURE XIV.—*Neuralgia.*—An Obscure Case.—Sciatica.—Neuralgia of the Rectum.

LECTURR XV.—*Nervous Affections.*—Spinal Irritation.—Hemiplegia.—Partial Hemiplegia—Paraplegia.—Progressive Locomotor Ataxia.

LECTURE XVI.—*Affections of the Brain.*—Epilepsy.—Probable Softening of the Brain.—Chronic Hydrocephalus.

LECTURE XVII.—*Cerebro-Spinal Disease.*—Symptoms, Progress, and Treatment.

LECTURE XVIII.—*Cutaneous Diseases.*—Their Classification and Diagnosis.—Cases of Psoriasis.—Prurigo.—Porrigo.—Eczema, etc.

We have received the following books through Messrs. Jansen, McClung & Co., 117 State street, Chicago:

Diseases of the Ovaries: their Diagnosis and Treatment. By T. Spencer Wells. New York: D. Appleton & Co.

Wahler's Outlines of Organic Chemistry. By Rudolph Fittig, Ph.D., etc. Translated from the eighth German edition. With additions by Ira Rewson, M. D., Ph.D. Philadelphia: Henry C. Lea.

The Science and Art of Surgery, being a Treatise on Surgical Injuries, Diseases, and Operations. By John Eric Ericksen. A New edition, enlarged and carefully revised. 2 vols.

Will be reviewed in our next number.

Original Communications.

VESICO-VAGINAL FISTULÆ.—A RARE CASE.

BY DR. MARY H. THOMPSON, PHYSICIAN TO HOSPITAL FOR WOMEN AND CHILDREN, OF CHICAGO.

Nellie W., aged eight years, born of Irish parents, was brought to the Hospital for Women and Children, of Chicago, July 15, 1871.

The mother said "she had a wound in the bladder." On examination, the external genitals and inside of the thighs were found excoriated and inflamed, with the constant irritation of urine flowing over the parts. There was some considerable vaginitis, and a fistulæ large enough to admit the tip of a finger found in the anterior wall of vagina, in the median line, and about midway from the orifice to the junction of vagina and cervix uteri. The edges were thickened, ulcerated, and covered with the urinary deposits and old epithelial scales.

The wound was made under the following circumstances. Five months previously, in March, while playing upon an outside staircase with other children, she fell to the bottom, where some kindling-wood lay scattered. She screamed as though seriously injured. Upon telling where she was hurt a splinter of wood was found between the thighs, where it had penetrated the parts upward and forward. It was withdrawn with considerable force, and found covered with blood. In a day or two the mother found that water was dribbling away without the control of the child.

An attempt was made to heal the parts, and bring fistulæ together by means of applications of the solution of argent nit., twenty grains, aquæ one ounce, applied every third day. The vagina was washed with a solution of sodæ biboras, of the strength of five grains of the salt to the ounce of water, twice daily. The external parts were made well by simple cleanliness.

She continued to improve, and the fistulæ grew smaller until September 27th, when the mother said "she was lonesome, and the child must go home," although we felt sure of success.

She applied for admission to the hospital again, while it was in the barracks, after the fire of October 9, 1871, but was refused on account of the mother.

January 28th, 1873, she presented herself again, when Prof. W. H. Byford determined to operate in the usual way, as the parts were found in a healthy condition.

February 3d, she was anæsthetized and operated upon before the class of the Women's Hospital Medical College of that term. Dr. Sims' speculum was used, as usual. The entire edge of the fistulæ was removed with one cutting of the scissors, and the edges of the fistulæ were brought together with three silver wire sutures placed one above the other, about one-fifth of an inch apart. After the operation there was an attempt made to keep in the urethra a small female catheter, as we had none of sigmoid shape, but it was given up and the child was let to get up and evacuate the bladder every second hour.

No preparation was made for the operation except the giving of eight drops of tincture of ferri mur. three times daily, and of the usual cathartic to clear the intestinal canal of fæcal matter.

After the operation one-eighth grain morph. sulph. was given three times daily. The child was up a part of the day for a week, and all the time after the first week. The sutures were removed, by Prof. Byford, the fifteenth day after the operation, when he found it a perfect success; and she was discharged *well*, February 23d.

Clinical Lectures.

CLINICAL NOTES.

BY F. K. BAILEY, M.D., KNOXVILLE, TENN.

Prefatory to some remarks upon cases which have come under my eye during the winter just closing, I will state that the season has been almost unprecedentedly cold and rainy. The traditional sunny days in Janu-

ary did not occur, and the plow in consequence was idle. The terrible storm-blasts, which have rendered the northern belt of our country so inclement, touched this region, even though protected more or less by the Cumberland mountains. In due course of its march the epizootic reached us, sickening the horses and bringing the riders to their feet. The disease was of a mild character, and appeared reluctant to come at all, and prevailed on every side before reaching this immediate locality. There are some neighborhoods in this and adjoining counties that are still untouched.

During its prevalence and its subsidence an epidemic catarrhal affection seized the whole community, affecting every family and every individual.

The attack was characterized by a sudden stoppage of nasal and bronchial secretion, with considerable febrile reaction, constipation, and red, scanty urinary secretion. Soon, the mucous surfaces began to secrete freely, but without much abatement of unpleasant symptoms.

A brisk cathartic, followed with diuretics, would generally relieve inordinate symptoms; but sometimes bronchitis and broncho-pneumonia set in, with the usual concomitants.

During the last autumn there was more than the usual tendency to febrile affections, and an occasional case of an attempt at the intermittent type gave variety to our practice.

Small-pox has invaded our locality. The first case was in the person of a clergyman, who was taken after returning from Memphis, where he was exposed.

He recovered, but from some unfortunate circumstances his two youngest children took the disease and died. The eldest, a girl of nine, lived but a short time after the eruption appeared; and the other, about a year old, died from the shock—and possibly it might not have had small-pox. An adult member of the family had varioloid; but the disease went no further. A railroad man came home with the disease, and died; but no other person in the family took it. A negro man who had washed some of the clothes of this man took the disease and died.

This is the extent of the visitation; and the remark made a year or more ago by Dr. Frank A. Ramsey, that small-pox could not thrive on Knoxville soil, seems verified.

There are great numbers of unvaccinated yet going about; and nothing but a marvelous exception in our favor can keep it from invading the city to a terrible extent.

March 16.—Small-pox has again appeared, but, with one exception, confined to the negroes.

RHEUMATISM.

This is a disease so common that a description is hardly necessary.

Although so many persons complain of rheumatic symptoms—and we daily meet with individuals laboring under one form or other of the disease—still, a well marked case of arthritic rheumatism, with characteristic febrile attendants and constitutional phenomena, is not so often encountered.

November 21, 1872, I was called to visit a lady about thirty-two, a native of Tennessee, married more than five years, but has never been pregnant. Found her with fever of a medium grade; pulse 108; tongue coated at the base with a yellow fur, but clean and reddish at the tip; countenance showing an anxious appearance; and the face of a bronzed hue, although the temperament and complexion do not indicate "biliousness" as peculiarly marked.

The alimentary canal is in a torpid condition, which she informs me has been obvious for some weeks.

The stools are scanty and scybalous, only passing off at irregular intervals. The urine scanty, high-colored, and causing some irritation in being voided. Complains of pain and a sense of weight in the lumbar region. Besides the general morbid manifestations above described, there is swelling of the right knee. Above the joint anteriorly there is puffiness to a considerable extent. Upon the inside of the joint, and around the patella, not only hard swelling, but excessive tenderness to the touch; and so extremely sensitive is the whole arthritic tissue that motion is out of the question. Even at complete rest there is severe pain through the whole joint,

extending downwards along the leg. As would be expected, there was want of sleep at night, and a general restlessness at all hours.

Prescribed Dover's powders to be taken at night; also two comp. rhubarb pills, and the same next morning. The following mixture was directed to be taken in teaspoonful doses four times daily:

℞.—Iod. potassii,
Bi-carb. potassa, } aa. ʒ i.
Syr. senegae, ℥ i.
Tinct. actea cimicifugæ, ℥ ss.

The affected joint to be kept warmly covered and bathed with a stimulating liniment of aquæ ammonia and olive oil.

November 22d.—Found the pills had moved the bowels, but no other change to be noted. To continue treatment suggested yesterday, except to suspend Dover's powders, and substitute as follows:

℞.—Bromide potassii, ʒ ii.
Syr. zinziber, ℥ ii.

Teaspoonful every four hours, commencing at noon.

November 24th.—Some improvement. Has rested a little during the last two nights. Bowels open, urine still scanty. To continue same remedies.

November 26th.—Much less pain in the knee, but swelling not diminished. Bowels not open. Some fever every day after 3 P.M., lasting till past midnight. Thirst not marked, but a desire for cool drinks. Tongue cleaning somewhat. Pulse about 100, soft, but quick. Respiration not hurried, nor are there any unpleasant chest symptoms to indicate cardiac complications present or imminent. To take rhubarb pills as before, and continue both mixtures.

November 30th.—Although daily visiting my patient, and carefully watching symptoms, there has been but little material change. The evening exacerbations have been regular in their recurrence, with a slight moisture about the body towards morning. She has been able to sleep some at night since taking the bromide. The bowels have been opened, as occasion required, by the pills. At times has complained of pain in the iliac region, and informs me that she has a somewhat free leucorrhœal discharge, which, by the way, appears to have been a source of trouble to her for years. The soreness about the knee principally confined to the inside, with a sore spot about two inches in extent which will not tolerate the slightest touch. To suspend the iod. potassii mixture, and continue the bromide.

December 3d.—Since last report there has been a decided improvement in the knee. There is less swelling, and the patella can be traced for the first time. The appetite, which for some time was indifferent, is somewhat improving. Urine quite free and more copious, as the patient says, than it has been for weeks. Tongue cleaning, and the bronzed hue to the face entirely gone.

For some days past there has been a slight sense of chilliness at the time that the fever had commenced, with more of the night-sweating. Prescribed as follows:

℞.—Sulph. quinia, ℈j.
Iod. potassii, ℈ij.
Tinct. cinch. comp., ℥ iss.

Mix. Give teaspoonful every four hours.

December 5th.—Very much improved. The knee, although still swollen, is susceptible of motion and handling. Can sit up in the bed and move about without causing pain. Appetite very good. Bowels move every day of their own accord, and the urine is still quite copious and of natural color.

Leucorrhœal discharge still continues. To continue quinine mixture, and to move the affected limb as much as possible without causing pain.

December 7th.—Still better; but little fever at night; bowels open, and appetite still good. Tongue clean; the countenance has assumed a natural appearance, having none of the anxious cast at first observed. To continue mixture.

December 9th.—No fever at all last night, and but slight sweating. Pulse natural. Swelling nearly left the knee, except the puffiness at the upper portion, and some at the point where the soreness had been so great. Continue mixture.

December 12th.—Still improving.

March 1st, 1873.—Saw the woman, who informs me that she has wholly recovered her health, and feels not the slightest lameness in the affected joint.

Society Reports.

REPORT ON OBSTETRICS AND DISEASES OF WOMEN.

AN ESSAY READ BEFORE THE CENTRAL ILLINOIS MEDICAL SOCIETY, BY S. H. BIRNEY, M. D., OF URBANA, ILL.

Your Committee, in making their report upon Diseases of Women, and Obstetrics, have thought best not to be sternly restricted to any methodical order, but to submit a report of such cases as will be most likely to furnish the greatest amount of interest and practical information, assuming that all diseases accumulate or increase in interest proportionally as they are of frequent occurrence.

Of all the various callings or professions of life, none so imperatively demand a clear head, a self-reliant, thinking, practical mind, as the profession of medicine; and more particularly so at this present age, in the special branches. From the days of Celsus, in no period has the practice been so difficult, unsettled, and complicated, as at the present; not only in the practice of medicine, in the strictly modern meaning of that term, but diseases of women, and obstetrics as well. In the early history of medicine, the simple theories and remedial appliances had but little influence either in aiding or opposing the efforts of nature. The present age is rife with theories; full to repletion with means and appliances; theories speculative, antagonistic and dangerous; in some instances aiding, in others thwarting every effort and purpose of nature; remedies potent, harmless, and poisonous; and of these latter, their name is legion.

Is it possible for any one to enter this vast field of chaos, in search of truth, without a mind and will to think and act for himself?

But perhaps a glance at the theories and practices of the present time will better elucidate the many difficulties the physician has to encounter. The great ambition of the physician of the modern age is alone gratified when he gives free scope to his mental power in the development of some new theory, disease, instrument, or remedy; especially in diseases of women, and obstetrics. And is it not the observation of every physician, that, whether actuated with a desire to emulate either himself or the profession, this undue effort tends more largely to the obstructing of the medical pathway than to make plain and practical the duties of the physician? As an instance of this fact, you will pardon me for referring to the observation, made by a distinguished European author to his class. He says: "The usual curriculum of study given in the schools is sufficient to enable any one with ordinary practical ability to diagnose all common or ordinary diseases; but the detecting of diseases peculiar to women, in their complicated and obscure shades, furnishes a condition involving questions of the most intricate and important nature." These teachings are well intended to inculcate impressions perfectly erroneous and false.

Now, it is true that the distinctive peculiarities of the female constitution have, from the earliest memory of the healing-art, in every important era in the history of the great past, and perhaps for all time to come, will be regarded of peculiar interest, and may be well worthy especial consideration and attention. But after all these long years of toil, of the most earnest study and microscopic inquiry, laboring constantly and incessantly to bring before the medical world some peculiar, unknown pathological condition common alone to the uterine organs, we are left to retrace the stream of medical science, over which we have been so unconsciously gliding, back to the anatomist and physiologist, to inquire of them what *is* there peculiar or different in the structure or phenomena of these organs to necessitate such unlimited straining and labor? What *are* these peculiar diseases referred to, masked in shades obscure? Is it *true* that the arteries, veins, nerves, lymphatics, or any part of the whole parenchymatous tissue of the uterine system differ so materially in their anatomical structure in the uterus from that of any other part of the body as to make it subject to diseases peculiar to itself? That diseases of the uterus seem at times to be disguised in shades obscure and difficult of detection, no one will pretend to deny; and neither will it be denied that all other organic lesions of the female body are at times equally involved in obscurity. But to attempt to account for these anomalous conditions upon the hypothesis of there being a disease peculiar to that organ not well understood, as the learned gentlemen would have us believe, either in pathology or treatment,

only to physicians of metropolitan fame, is assuming a position, to say the least of it, not entitled to much credulity from physicians of reading and bedside observation. The deep anxiety, the earnest solicitude and care which has actuated the earnest physician to spend many a long and tedious hour at the bedside, interpreting these morbid and distrustful phenomena; the terrible writhings and contortions of every muscle of the body, or, indeed, any of the protean forms of hysteria, inclusive of the false phases alluded to, asks no better solution of their true nature than that there is predominating within woman a delicate, *finely-developed, highly excitable nervous* condition, and in consequence of which, alone, she is largely predisposed to *diseases* of a *nervous* character, and not so much to mysterious and not well-understood organic diseases; and the uterus being a very vascular and highly nervous organ, when diseased, through its direct relationship with the great sympathetic nervous system, would very naturally call into sympathy other members of the same body; indeed, no fact is more evident to the practitioner than that it is capable of exercising a dread and baleful influence on every organ in the body, no matter how remote from the true seat of the disease. And not only does it extend its influence throughout her physical organization, but in many instances her mind, body, and soul suffer simultaneously; and herein consists the great and only difficulty, if indeed it must be so regarded, in the diagnosis and treatment of diseases belonging to this class. But, ever holding before the mind the various pathological conditions and phenomena likely to result from, and as, perhaps, we might say, are natural and inevitable sequences of diseases of the uterus, together with a careful and vigorous study of the temperament, idiosyncracy habits of life, nature, course and termination of previous diseases, if any, these anomalous conditions will be abridged, and in many instances make a plain and practical pathway. Diseases of the uterus are, in our opinion, as well if not much better understood, as a rule, than lesions in any other organ in the body. In all organic diseases we are apt to expect and look for a common, definite, and invariable train of phenomena. These expectations always have been, and ever will be, met with disappointment. The ever-varying phases of diseases of the uterus are, of all other organic lesions, the best calculated to attract the mind to organs entirely remote from the true seat of disease. Indeed, in no two instances have we ever found diseases of this organ indicated by the same train of symptoms. The nervous system succeeds perhaps more completely in perfecting the action of reflex sympathetic sensation than in any other organ; in many instances, all its diseased phenomena, even pain and disease itself, are reflected to, and established in, remote organs; and, indeed, in many instances which have been brought before our notice, these secondary diseases resulting from the remarkable sympathy, involved more structure, and ultimately assumed a vastly more serious character than in the primary lesions. A case in practice will, perhaps, better elucidate this fact. From my note-book of practice, in the year 1864, the following case is substantially taken. In the month of April of that year I was called to see a lady supposed to be dying of phthisis pulmonalis. Arriving at the house, and upon entering the sick chamber, I saw at a glance that the physical signs indicated the existence of this morbid condition in its most serious form. Interrogation elicited from the patient the following statement: "Am forty-five years old; have five living children; miscarried last conception—time, three months; have never had any indications of disease until about one year ago. The first symptom at this time was extreme fatigue after moderate exercise. This was succeeded in a short time with shortness of breath, and dry, hacking cough. This condition, in three months' time, developed into a cough, very harrassing. Expectoration free and copious; have been taking medicine for the past six months from five different physicians, some of merit, ability, and practice. From the greater and more learned part was treated for chronic bronchitis. Have taken no medicine for the past three months, except expectorant, being at times alternately better and worse."

A careful examination revealed the following present condition: Cough incessant; expectoration very profuse, of a thick, whitish consistency; respiration hurried. By auscultation, the mucous rale could be distinctly heard over both lungs; pulse 110; no fever; anorexia; great emaciation; pale and anemic; dejected as to all future hopes. Has had slight mucous discharges from her vaginum for the last two years. No hereditary tendency; temperament well marked, nervous sanguine.

The peculiar manner of the inception of her disease; extreme exhaustion after moderate exercise; the abortion, and vaginal discharges, at once suggested the probable existence of diseased womb. These convictions were stated to the patient, and permission asked to use the speculum, which was readily

granted, the use of which disclosed the existence of a very unsuspected malady on the part of the patient, and made very plain the true seat of the disease. The os uteri was dilated sufficient to admit the end of index and middle finger, hypertrophied, and of a pale, bloodless appearance. A very large ulcer occupied well nigh the entire right half of the os, and extended well up the canal, of a fungus character. It certainly afforded great pleasure to inform this lady that her case was not beyond the reach of remedies, and that the strongest hope was entertained of a complete restoration of perfect health, as there could be nothing more evident than that the lung trouble, anemia, and general emaciation, were but the sequel to this primarily diseased uterus. In proof of the correctness of this conclusion, the treatment and result is herein submitted. Internal treatment, one pill of quinine and Vallett's ferrugineous mass, in proportions of one grain of the former and two of the latter, was ordered every six hours. Also,

℞.—Tinct. ferri chlor., ʒ ii.
Syrup zinziber, ℥ i.
Syrup simplex, ʒ ii.

Dose.—Teaspoonful every six hours; nourishment *ad interim*.

To the ulcer a topical application was first made of penciled nitrate of silver, applying it well up the cervix, to be followed and continued twice a day, with free injections of lukewarm water medicated with saccharum saturine, and opii, pulverized, until next visit. Early in morning of following day was sent for in great haste; patient supposed to be dying. Arriving at the house, patient was found in a truly critical condition; all former described symptoms greatly intensified; breathing labored; pulse scarcely perceptible; cold, clammy sweat all over the body. morphine was ordered sufficient to quiet nervous irritability; beef essence and brandy were to be given, in addition to the above, every two hours. From this to the fourth day patient rallied, at which time acid nitrate of mercury, was topically applied to the ulcer, and followed, as before, with free ablutions. This application was repeated on the sixth, twelfth, and eighteenth days, after which penciled silver nitras was used for a period of six weeks, according to indications, followed with injections, and internal treatment as above. At the end of the seventh week, patient was so far recovered as to justify the withdrawal of the use of all medicines, and no other treatment was from this time forward used, excepting the internal use of iron, and the free ablution per vaginum, the water used being strongly medicated with ferric alum, which we regard as an indispensable remedy in the treatment of these affections.

On the fourth month, dating time from first visit, to the great surprise of all interested, patient was discharged, free from cough, and in the enjoyment of her former perfect health, and has continued so to this present time.

What are the important facts indicated in the history of this case?

First, it proves most conclusively that there is a remarkable sympathy existing between the uterus and other organs, in disease, and the still more remarkable and deceptive properties of its nervous tissue in transmitting its diseased phenomena, and the efficiency with which its actions are endowed in establishing even disease itself, of the most grave and serious character, in organs entirely remote.

Another important fact elucidated in this case is the importance of examining diseased conditions with a view of ascertaining facts, rather than to carry out some finely spun theory; and that when diseases of the womb are examined as they should, and may be, although seemingly of the most intricate character, are, in the majority of instances, made plain, simple, and practical, and, of all other diseases, the most kind in yielding to remedial appliances.

Another important fact is the non-reliability of certain symptoms which, from time immemorial, have been held as essential to the existence of this malady, not one of which existed in this case, not even so much as a well-established leucorrhœa. The last, yet not by any means the least other fact, which we would call attention to in this case, is the utility of the speculum in the examination of this class of diseases, about which so much has been said and written, by doctors of both continental and European fame, some supporting it, others holding its use to be unchaste, indelicate, and wholly unnecessary, inasmuch as they claim that examinations made by the touch are equally reliable and much more agreeable to the delicate and sensitive female. A preference for the position of the patient, held as essential in this form of examination, though oftimes rude and irritating; manipulations actually necessary to make an expert in the use of the touch in detecting the disease and the application of remedies thereto, is a modesty pitiable and unenviable in the extreme, and, in our opinion, exists much more largely in the false imaginations of the physician, than with the patient.

If the latter assumption is true, that it is equally reliable, then it is true that the treat-

ment of ulcers, and, in fact, any disease of the external surface of the body, would be better treated, and their pathological conditions better, or as well understood, by excluding the sense of sight altogether. But, admitting that instances do occur in which the diagnosis and treatment of diseases of this organ may be effectual by these means, are there not instances in which it is totally inadequate and unreliable?

Take, for instance, the two following cases: In the spring of 1861 I was called to a lady aged 64, of Irish descent, and of the common national, nervous temperament; had given birth to nine healthy, living children; had had two premature deliveries; had never suffered from sickness until within the last month. The first indication of *her* disease, using her own language, was a fluttering sensation, a little inferior and to the right of the umbilicus, being the right iliac. In short, there were no other indications of disease, at this time, excepting occasional nausea and vomiting. She sternly disclaimed ever having had any previous disease of either bowels, kidneys, urinary organs, or uterus. Menstruation had ceased some ten years; had always been healthy, and in no instance followed with unhealthy discharges. Finding no well-marked indication of disease of any of the other viscera of the bowels, a diseased uterus was supposed to be the most likely cause of *this* anomalous condition, and consequently an examination was instituted, per vaginum, by the touch, no better means being at hand, hoping to be at once relieved of all uncertainty in the diagnosis of *her* disease. This expectation soon met with sad disappointment, as the touch furnished no evidence of disease whatever, excepting a very slight induration of the os, which condition we did, and *do* not, regard as necessarily incompatible to, nor uncommon in perfect health. Relying implicitly at this time upon this method of examination, the impression first made of the probable existence of uterine disease was at once dismissed, and for the present decided to treat present indications. A laxative enema was prescribed, to be followed with an anodyne enema. This, however, and in fact all other remedies used furnished but temporary relief. Three weeks later, patient no better. Nausea and vomiting, which at first demanded little attention, have now assumed grave and unmanageable proportions, rapidly ejecting both nourishment and remedies. This, together with the general prostration and emaciation, presented the most important and alarming phase of the disease. The only means from which relief could now be obtained was blistering and the hypodermic use of morphine; and even these were far short of accomplishing what was desired. My esteemed and worthy friend, Dr. Winston Somers, was called in consultation. A very thorough and careful examination was made according to Decosta's method of exclusion. Finally, a very indefinite and unsatisfactory conclusion was arrived at, in favor of the probable existence of cancer of pyloric orifice of the stomach. On the following morning a suspicion once more arose respecting the uterus, and of the possible inefficiency of the former method of examination, and to set this question forever at rest, the speculum was brought into use. Before using it, however, an examination was again made by taxis, and resulted as before, without having the least apprehension aroused of disease in that region. A bivalve speculum was then introduced, and to my great surprise, I was apprised of the existence of ulceration of the cervix uteri. The outer surface of the oss was, as indicated by the touch, smooth, regular, and of a healthy appearance.

Well up the cervix, entirely beyond the reach of the finger, a small granular white spot was observed, about the size of a pea. This was afterwards, upon dilation of the os externum, found to be the inferior border of a large ulcer, extending well up the canal. The despondency of both patient and physician were at once changed into a lively hope, and the patient was at once assured that fears need no longer be entertained of her future health and speedy recovery. The treatment in this case, from this time, consisted mainly in topical applications to the ulcerated surface; nitrate of silver, and nitrate of mercury were the most important, followed in time with free ablutions, consisting of the ferric alum salutum, a pill consisting of extract of belladonna and opii pulv., each one grain: one was wrapped in cotton wool and introduced into the vagina, and was followed with a very happy result, in quieting the stomach. After the first depressing effects of the topical application had passed off, all symptoms assumed a more favorable aspect, and in due time, patient was discharged convalescent.

The next important case, in this connection, was that of a lady aged thirty-eight; bilious temperament; has been troubled with pain for some time in lumbar region, with slight leucorrhœal discharges in last six months; is now having excessive hæmorrhage from vagina.

Having delivered this same lady some four weeks prior to this time, of a three month's

conception, and as the placenta, liquor amnie, and fœtus, all came away intact, there was no reason to suppose that the hæmorrhage was dependent upon the common cause, retained placenta. A thorough digital exploration of the vagina was also made in this case, anticipating that by this means I would readily trace the hæmorrhage to an adventitious growth in or about the neck of the uterus; but in this, likewise, I was disappointed. The os, so far as could be reached by the finger, was smooth and regular, but dilated, so that I could readily detect the blood flowing, as I then thought, from within the uterus. The most natural course indicated at this time, seemed to be to treat the case upon general principles, and trust to time for developments of facts. Without following this case further, let me say, in short, that every means and appliance from which I could anticipate the least profit were used. Astringents, arterial opiates and sedatives, and finally the tampon, first well soaked in a strong solution of saccharum saturni and opii, all of which were but temporary in controlling the hæmorrhage. The non-coagulability of the blood, which appeared at an early period, rendered the tampon almost entirely ineffectual, and in spite of all efforts to the contrary the bleeding continued, at times greater, at others less, until patient became almost as pale and pulseless as death. The bleeding had become of a thin, senous character, and death by syncopacy strongly indicated.

Being confident, at that time, that through the touch I could detect any lesion within its reach from which the hæmorrhage would likely proceed, and relying implicitly upon the evidence furnished thereby, together with the assurance from all authority at hand of the extreme infrequency of uterine hæmorrhage only as a result of causes entirely remote from those I could have the least anticipation of disclosing through the speculum, I had treated the case thus far without its use. But as the condition had now become desperate, and having exhausted every available means, as a dernier resort, the speculum was now used, with a vain hope of its disclosing some fact that would aid in the diagnosis and treatment of the case. A bivalve one was selected and used, with the following results. The first observation seemed to simply confirm the deductions made from the previous digital examination. The os was smooth, and, to all outward appearances, healthy, excepting the dilation, which, as before, I supposed to be the result of the excessive bleeding. Those impressions, however, were scarcely made, when my mind was attracted to the extreme elongations of the cervix. This fact was contemplated with some hope that perhaps the superior part of the canal had not been reached by the finger. In this anticipation I was fully requited.

The closed blades of a long pair of caustic-holders was then passed into the cervical canal, at least two inches, without the least resistance. By separating the handles of this instrument the lips were separated, exposing to full view the whole course of the canal, and to my great comfort, the true, unmistakable source and cause of the bleeding being far up the left side of the cervix, and from the vessels involved in an ulcer. Of all men living, it belongs to the physician alone to appreciate the degree of responsibility, the mental physical anxiety and toil experienced in the treatment of a case like this, and the relief furnished in this examination. And surely it belonged to the light of the speculum alone to set at defiance all future controversy respecting the cause and source of this bleeding, as through it was brought into view almost the very arteries and veins, out from which was fast flowing the life of this patient. A pledget of lint was at once made, around which was tied a silken cord of length sufficient to extend without the vulva. After being well soaked in a solution of per sulphate of iron, this pledget was firmly pressed against the bleeding surface within the canal. In the course of half an hour, the bleeding, for the first time, was completely arrested. In forty-eight hours this pledget was removed by gentle traction at the cord, and a new one inserted. After its removal, the nitrate of silver was topically applied to the ulcer. Sulphate of copper and the ferric alum solutions were used as indicated. From and after the time the first pledget of lint was used, there was no further difficulty experienced in controlling the hæmorrhage; the ulcer yielded kindly to above treatment, and in due time this patient was also discharged, in the enjoyment of perfect health.

That a perfect knowledge of the true pathological condition, and the successful treatment was, in these two instances, dependent upon the use of the speculum, certainly no one will pretend to deny, and doubtless its use, with equal certainty and importance, has been indicated, in many instances, in the practice of almost every physician.

Why not, then, let the speculum at once and forever be regarded as a fixed scientific means of examination of all diseases belonging to this class, and place it in the list where it belongs, among the most important, reliable,

and, when used with prudence, as little objectionable an instrument as is known to the profession?

And when considered in the light of its anatomical and physiological predisposition to disease, with the liability to which its position in the body expose it to physical contusions, together with the unlimited abuse which the false and criminal pride and practices of this modern age have subjected it, it cannot be regarded as a far-fetched or unreasonable conclusion that inflammation and ulceration of the cervix uteri is of so very frequent occurrence. Indeed, these deductions are but the re-utterance of facts which are corroborated in the teachings and practice of wise physicians of all ages. And does it not seem reasonable, at least in this nineteenth century—an age in which medicine in all its parts is supposed to be a perfect science—that these plain facts, supported as they are by the experience and observation of the most worthy physicians, from the earliest history of medicine, should now be established, and entitled to full credulity?

But to the contrary, the tidal wave in medicine moves on, and these simple, plain truths, are still the theme of ardent and zealous controversy, some supporting, others utterly denying the existence of ulceration at all, and still others who regard it as the parentage of almost all diseases to which the female constitution is liable.

This demoralized status of this, as well as all other branches of our profession, will ever continue, just so long as every child in medicine assumes the high prerogative of a medical teacher, and their teachings, with every false conception which flits across the medical mind, are permitted to flood the country as high medical authority. Let the proper authorities close up to these premature and chameleon-colored teachers the various avenues through which they reach the public and medical mind. Deprive them of this garb of credulity. Let the inventions of pessaries, and silver-mounted uterine supporters, and in fact all the vast array of cunning inventive genius be subjected to the test of good practical sense, rather than the beautifully-worded recommendations upon which much greater reliance is placed than upon the intrinsic merits of the inventions themselves. Swifter than with the wings of the morning have we been gliding down the stream of medical science, constantly accumulating and gathering, upon every hand, new theories and remedies, until the present. And we now wake up, not to find a well-regulated and accredited science, but to find well-nigh the whole system of medicine submerged beneath a flood of theories both true and false.

Facts which ought to stand out in bold simplicity, are prostrated in utter confusion and turmoil, and is it not a grave and humiliating fact, notwithstanding all our past experience and boasted acquisition of knowledge, that even this branch is still regarded as a mere conjectural art. Are there not truly the greatest responsibilities resting upon the physicians of the present age? And we need not pause a great while in amazement or wonder, contemplating these facts. They are not, by any means, inexplicable.

The normal condition of all well-organized bodies is equally dependent upon actions diametrically opposite in growth and development, disintegration and separation. Let the depurating organs of the human system be closed up for the shortest conceivable time, and notwithstanding the greatest supply of pure, fresh, healthy nutriment is forced into it, yet the inevitable result is disorder and death, and no one for one moment would regard the result as strange or inconsistent.

And none the less dependent is the healthy condition of science upon these same essential vital actions.

Had we not better pause awhile, at this advanced age, and perhaps a careful study of these truths may disclose the very important fact that these vital and reciprocal actions have been greatly neglected, thereby permitting all the rubbish, effete and worn-out material of the great past to accumulate in immeasurable proportions around the very heart of this, as well as every other branch of medicine.

Gleanings from Our Exchanges.

EFFECTS OF PREGNANCY ON TUBERCULOSIS.

The Clinic, March 8th, 1873, contains a translation of an article on Tuberculosis of the female sexual organs, by Prof. H. Lebert (Breslau), the main points of which are summed up in the following conclusions:

1. Internal genital tuberculosis may be the chief localization of the disease in the female sex, or it may be only secondary in position; we possess no certain signs of genital phthisis, even when priimtive.

2. The disease described as tuberculosis of the collum uteri does not in reality exist, or at least it is extremely rare, and its acceptance depends upon a confusion with the

cheesy epithelial debris of diseased glands about the orificium uteri.

3. The influence upon phthisis of pregnancy, and the puerperal bed, makes itself manifest most between the ages of 20–30, especially between, 25–30 and next between 30–40.

4. If phthisis be arrested in the young girl, it usually manifests itself upon marriage so soon as pregnancy occurs, both during pregnancy and during the puerperal bed, sometimes in the first, sometimes not until a later pregnancy.

5. In exceptional cases, the tuberculous patient may remain healthy in spite of repeated pregnancies and puerperia; in some of these cases, however, the children are feeble, and a certain percentage die early.

6. Advanced phthisis usually hinders conception; early phases of the disease do not interfere with it, and permit, usually, the full course of pregnancy.

7. Abortion, pregnancy, and the puerperal state, act injuriously, on the average, in three-fourths of cases, upon the development and rapid advance of phthisis.

8. The puerperal bed may not only excite the disease when the predisposition exists, but it acts relatively still worse; it accelerates the fatal termitation even more frequently than pregnancy. Exceptionally, however, a phthisis which has made rapid advances during pregnancy, takes on a slower and more favorable course in the puerperal bed.

9. Neither pregnancy nor the puerperal bed exercise any definite influence upon the localization or form of tuberculosis.

10. The bad influence of pregnancy and the puerperal bed manifests itself more especially where there is a hereditary predisposition, and the same hereditary favors; also, in marked degree, the outbreak of the disease during pregnancy.

11. Should phthisical women have a good getting-up period, they have, in the rule, but little milk, and can only exceptionally nourish their offspring. The children are mostly scrofulous, and, later on, tuberculous.

Use of Quinine in Febrile Diseases of Children.—E. Hagenbach (*Jahrb. fur Kinderheilk.*, March, 1872).—The author's object in this communication is to prove the favorable action of quinine in reducing the temperature in febrile diseases of children, by which means the disease is rendered a milder one, and in many cases complications of troubles of the nervous system and respiratory organs are prevented. He uses quinine in typhoid fever, and in all the various febrile diseases, when the temperature is continuously high for several days; he combines it with baths between 20° and 24° C., repeated every three hours as long as the temperature remains above 39° C. In pneumonia, he uses baths with older children; with smaller children wrapping in cold sheets is often preferred as less dangerous; at the same time he gives quinine. Scarlatina, the author treats almost exclusively with baths and quinine. This treatment has also been used with good effect in his later cases of erysipelas. Other diseases enumerated as so treated are acute rheumatism, acute periostitis, coxitis, with high fever, and several other surgical diseases. It is the combined action of the bath and of the quinine that the author lays stress upon. The quinine is given in one large dose, or in two smaller doses, at half-hour intervals, and when the temperature is below 39° C., it is left off. No bad after-effects were noted. The amount to be given varies with the age. For children between one and two years old, from five to sixteen grains; between three and five years, from eight to sixteen grains; between six and ten years, from ten to twenty grains; between eleven and fifteen years, from ten to thirty grains. The largest doses are generally to be preferred. The beneficial effects upon the sensorium, the circulation, subjective symptoms, etc., by baths, cold wet sheets and quinine, are, beyond doubt, as great in children as in adults, the strength is better kept up and convalescence hastened.—*Boston Med. & Surg. Journal.*

Galvanism of the Sympathetic in Graves's (Basedow's) Disease.—Dr. M. Meyer (*Berliner Klinische Wochenschrift*, No. 39, 1872) records four cases of Graves's disease in females, where brilliant results were obtained by galvanizing the cervical sympathetic for a considerable time (during 20, 72, 60 and 84 sittings respectively in the four cases). A weak current was passed through the two sympathetics; then the one pole was applied to the submaxillary region, and the other to the shut eye, or to the goitre on the corresponding side; and the current passed for from two to three minutes. The effect of this treatment upon the dispersion of the exophthalmos and goitre is described as excellent—often after but a few sittings. The influence was also great upon the general health and upon the menstrual derangements, but less upon the palpitation.

It is remarkable that in all four cases the right side was especially affected, and that in one case there was no goitre.

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EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, April 15th, 1873.

EDITORIAL.

MEDICAL TEACHING. — CREDIT TO WHOM CREDIT IS DUE.

About two years since it was announced by the medical faculty of Harvard University, at Boston, that they had adopted the system of graded and consecutive teaching, similar to that pursued in all other departments of education, and should thereafter continue the medical instruction throughout the collegiate year, nine months. The announcement was very properly taken up and repeated with commendation by nearly all the medical periodicals in the country. That school was at once awarded the credit of having taken not only a very important step in advancing the cause of medical education, but also being the *first*, or "*pioneer*" institution in placing our professional education on a proper basis.

Although this sounded a little strangely in our ears, since the school with which we were connected had been successfully carrying out the same system, only more perfectly, for ten years, yet we were happy to have our friends in Boston receive all the commendation and encouragement they could get. But inasmuch as the Eastern journals continue pretty uniformly to award the credit of *pioneership* to the medical department of Harvard, we must gently remind them that there is a part of the United States of America west of the Alleghany mountains; and that the Chicago Medical College, now the medical department of the Northwestern University, was founded in 1859, expressly to test the feasibility of giving medical college instruction in the same methodical, consecutive manner as is pursued universally in other departments of education. It has steadily pursued its course, and since 1868 has rigidly graded its curriculum into three courses, corresponding with the three years of study, and all its students into their appropriate rank of junior, middle and senior classes. Its term of instruction continues nine months; the full winter term from the first of October to the middle of March, and the spring term from the first of April to the first of July, there being a vacation of one week from Christmas to New Year, and of two weeks in the last half of March. The institution has not only been sustained by the profession in the Northwest, but it has, to-day, a better college building, and is in immediate connection with a larger hospital than exists in Boston. Its laboratories for practical and analytical chemistry and microscopy, its museum of human and comparative anatomy, and the extent and variety of its clinical resources, are not excelled by any medical institution in this country. Will our Eastern friends inform us why they continue to award to the medical department of Harvard the credit of priority or leadership in the adoption of an improved system of medical instruction during the last two years, while the Chicago Medical College has carried out the same system, more perfectly, during the last fourteen years? We do not raise the question from any desire to depreciate the position of the Boston school. On the contrary, we rejoice that her faculty have had the courage to advance and plant their standard upon so good a foundation. And our experience has given us the utmost confidence that if they hold to their position firmly, they will not only succeed, but five years will not elapse before colleges in New York and Philadelphia, whose faculties are now mournfully predicting a failure of the enterprise, will be following their example.

CLINICAL LECTURES.—The volume of Clinical Lectures, which was announced for the middle of March, was delayed a little by the publisher, but is now ready for sale. Copies have been mailed to all who had sent orders for it; and if any more of our readers prefer to send directly to the office of THE EXAMINER for the work, they will be promptly supplied by mail, postage paid.

ILLINIOS STATE MEDICAL SOCIETY.—The next annual meeting of our State Society will be held on Tuesday, May 20th, 1873, in Bloomington, Illinois, commencing at 10 o'clock, A. M. The location is a pleasant one, and we hope the profession in every part of the State will be represented.

Book Reviews.

The Science and Art of Surgery. By John Eric Erichson, Senior Surgeon to University College Hospital, London. New edition, revised and enlarged by the author; 700 engravings on wood. Philadelphia: H. C. Lea, Philadelphia.

The present edition comprises a work of 2,000 pages, and is in two volumes, the first embracing first principles and surgical injuries, and the second surgical diseases. This book has been long and favorably known to the profession, and it is, therefore, unnecessary to give a detailed account of the subjects treated. The present edition places the work fully abreast of the times in all the improvements of modern surgery. Many chapters are re-written and re-arranged, and much useful matter has been added. The chapter on inflammation and its results is changed to suit the advanced ideas of pathology; and the antiseptic treatment of wounds is fully given. An account of the transplantation of cuticle is also added. Diseases of the jaws are also more fully treated, and one or two new and useful illustrations of the methods of excision are given. This work has always been held in high estimation in the past, and the present edition fully entitles it to the confidence and support of the profession as a work of reference.

We acknowledge receipt of the following new works through Messrs. Jansen, McClurg & Co., 117 and 119 State st., Chicago:

A Manual of Chemical Analysis, as Applied to Examination of Medical Chemicals, a Guide for the Determination of their Identity and Quality, and for the Detection of Impurities and Adulterations. By Frederic Hoffman, P. H. D. New York: D. Appleton & Co.

Illustrations of the Influence of the Mind upon the Body in Health and Disease; designed to Elucidate the action of the Imagination. By Daniel H. Tuke, M.D., M.R.C.P. 8vo., 400 pp. Price $3.25. Philadelphia: H. C. Lea, publisher.

The following, we have received through Messrs. W. B. Keen, Cook & Co., 113 and 115 State st., Chicago:

Diseases of the Urinary Organs, including Stricture of the Urethra, Affections of the Prostates, and Stone in the Bladder. By John W. S. Gurley, M.D., with 103 engravings on wood. 8vo., 360 pp. New York: Wm. Wood & Co.

A Handbook of Post mortem Examinations, and of Morbid Anatomy. By Francis Delafield, M.D. 8vo., 368 pp. New York: Wm. Wood & Co.

Variola and Typhus Fever occurring at the same Time, in the same Individual, and Running their Course Together.—In the *Berliner Klin. Wochenschr.*, 1872, No. 11, Dr. Th. Simon states that an individual laboring under a recent slight attack of smallpox, was admitted as a patient into the Hamburg Hospital. Shortly after his reception there were developed in him the premonitory symptoms—intumescence of spleen, disturbance of sensorium, and the peculiar aspect of the stools—of fever, evidently of the typhus type. During the vesication of the pustules, there made its appearance a very copious eruption of roseola. The case terminated favorably.

Dr. Simon took opportunity to state that he had, during the prevalence of the variolous epidemic in Hamburg, frequently witnessed the early and wide-spread prevalence, among typhus patients, of a roseolar eruption, most probably the result of an influence exercised by the presence of the variolous epidemic.—*Centralblatt f. d. Med. Wissenschaften*, May 18, 1872, from *Berliner Klin. Wochenschr.*, 1872, No. 11.

Location for Sale.—On account of ill health a physician wishes to dispose of his property, situated in a growing village of 1,000 inhabitants, in Warren County, Ill., on the line of the Rockford, Rock Island & St. Louis R. R. The property consists of a handsome new residence, barn, and other buildings, and twenty-five acres of improved grounds. The owner has practiced medicine in the neighborhood for the past fourteen years, and is doing a business of from $3,000 to $4,000 a year. For terms and further particulars address "*Location*," care proprietors Medical Examiner, 792 Wabash ave.

Original Communications.

CASE OF EXTENSIVE VARICOSE VEINS.

BY DANIEL T. NELSON, M.D.

The following case was written out in 1865, but not published. It may be of sufficient interest to publish. It surely is an uncommon case.

Oscar W., Co. E, 13th Regiment Veteran Reserve Corps, age twenty-nine; occupation before enlistment a printer, and later a law student. When about seven years of age, while at play upon the hay in a barn, was pitched from a scaffold and fell upon the hay below, a distance of some six or seven feet. Being unable to rise he was carried to the house. The attending physician found fractures in two places of the left femur — one just above the knee, but not complicating the joint, and the other in the middle third. The place of this last fracture is easily felt; but the other, if it ever existed, has left no relict.

At the age of sixteen years began the occupation of printer. Worked at type-setting six years, studied law three years, and has since been in the United States service.

Patient thinks the varicose veins began to appear soon after the limb was broken, probably in the summer following, the limb having been broken in the winter, though cannot fix the exact date. He remembers they were quite large and troublesome soon after he began type-setting, but they were confined to the region of the knee and below, and did not seem to increase in size or extent. In April, 1861, enlisted in a three years' regiment, but served five more before he was mustered out; was on duty all the time with his regiment, going on all the marches with it. Was in the battle of Big Bethel, and marched the day before thirty miles. In November, 1861, enlisted again in a three years' regiment (the 8th Vermont). Went with the regiment to Ship Island. One day while out on drill, after marching about in the deep sand some three or four hours, he was attacked with a severe pain in the left leg, and was obliged to fall out and go to his tent.

The next day the whole limb was much swollen and very painful, and veins very prominent. The treatment was a bandage over the whole limb, and rest. The pain and swelling soon subsided, and in a week he was on duty again.

But after this time the varicose veins were much more extensive, appearing within a few weeks in the posterior part of the thigh, the gluteal region, and in the genital organ; and since that time they seem to have slowly increased.

Patient went with his regiment to New Orleans, and did provost duty for several months, but was never able to make long marches after leaving Ship Island.

Discharged December, 1862, on account of varicose veins. Enlisted in Veteran Reserve Corps in June, 1863. In July, 1864, had an attack of hæmorrhage from the urethra. Patient thought as much as a pint passed from the urethra when it first commenced, but afterwards only a few teaspoonfuls each time after urinating. He was treated with tincture ferri chloride by the mouth, and rest in bed. In about a week he was on duty again.

Three or four weeks later he had a similar attack of bleeding, though less severe. In January a third attack occurred, much like the first. Hæmorrhage occurred every time the urine was passed; not with it, but after. It was attended with a severe smarting pain in the urethra, in the region of the bulb, and also near the end of the penis, just behind the glands.

The treatment was tannin injections, and rest in bed. Returned to duty in about ten days. The general appearance of the patient was healthy. Could walk without difficulty, certainly for short distances. On exposing the person the following extensive varicose veins were seen: beginning with the foot on the left side, all the veins seem greatly enlarged, and over the first phalanx of each toe there is a diffused varix covering the whole of the phalanx above and extending somewhat over the next. Over the metatarsal

bones another varix nearly covers the dorsum of the foot, communicating freely with those of the toes. Directly in front of the articulation of the tibia with the astragalus is a varix of the size of an English walnut, not as diffused as the others. On the plantor surface the same tendency to varix is seen, though there are no larger ones. Along the calf of the leg the internal and, to some extent external, saphenous vein is enlarged. Anteriorly the superficial veins are little enlarged, and posteriorly not very much. But at the knee the external saphenous forms a varix three inches in length by two-thirds of an inch in width. Above the knee the internal saphenous is not varicose. In the muscles on the posterior aspect of the thigh the deep veins are much enlarged, as are also the superficial ones; but in the anterior two-thirds, including the region of the great vessels, the veins seem to be perfectly normal. In the glutial region the lower two-thirds of these muscles are filled with enlarged veins and varices; and some are so superficial it would seem there was danger of rupture externally. The smaller varices are from the size of a pea to that of a filbert, while deep in the muscles a diffused varix some three inches in diameter can be felt.

But the most remarkable of all are the genital organs. The penis is so filled with venous blood that it looks gangrenous. At the root of the penis are several projecting bodies of the size and shape of a large nipple, having the same dark venous color. These seem to have been originally varices, but the blood has undergone some changes, as they have not the feel of blood, though they retain its color.

Between the anus and scrotum, and extending forward along the urethra so as to include the bulb, is a varix of the size of a hen's egg. But there is no appearance of hæmorrhoids, and the patient never has complained of piles. The scrotum is about the normal size, but the superficial veins are greatly enlarged and contorted; but the veins of the cord do not seem to be diseased in the least; no varicocele whatever can be felt.

Along the body of the penis all the veins are greatly enlarged, but so regularly that they give the organ the peculiar blue appearance described; but there are no well marked varices except in the corpus spungiosa, near the fossa naviculosis, where is one about the size and shape of a tamarind seed.

And, indeed, the gland is little else than a diffused varix, so completely is it injected with venous blood, particularly when allowed to hang in a dependent position for a time, so as to allow the blood to gravitate. Indeed the organ may be said to be subject to a two-fold erection — an active or normal, and a passive or venous — when allowed to hang in a dependent position. When passively erected it is larger, softer, and darker in color than when actively erected.

The gland, when passively erected, is about twice the usual size of a gland normally erected, and the whole organ is proportionably enlarged. At the base of the corona glandis the follicles of Tyson are loaded with their peculiar secretion, and being for some reason unable to discharge their contents, they appear as numerous white specks in the mucous membrane of the size of millet seeds. Many of the sebaceous glands in the skin of the penis are filled with their secretion, presenting similar whitish spots. Beside these there are numerous red specks about the size of a pin head, which seem to be of the nature of superficial varices, only filled with red blood. Altogether it is a remarkably large and variegated organ.

To review in brief the points of interest, seem to be the little trouble to the patient which so extensive varicose veins have caused; the position of the enlarged veins in the *posterior third* only of the thigh; their extent in the genitals and vicinity, uncomplicated with varicocele or piles; the enlarged and variegated penis.

Was the fracture of the femur in childhood in any way the cause of the enlarged veins?

Dr. Abner Phelps died in Boston February 24th, aged 95 years. In 1826, when a member of the Legislature, he proposed the first railroad bill ever drafted in America.

ADHERENT PLACENTA RETAINED THREE WEEKS WITHOUT PUTREFACTION.

SPECIMEN EXHIBITED BEFORE THE MORGAN COUNTY MEDICAL SOCIETY, WITH REMARKS.

BY DAVID PRINCE, M.D., JACKSONVILLE, ILL.

The report of Dr. H. Wardner, of Cairo, in the number of THE EXAMINER for March 15, induces me to report the following case, in which the placenta maintained its attachment and its vitality for three weeks from the time of the expulsion of a five months' fœtus.

Mrs. M., of hysterical temperament, but corpulent habit, mother of several children, patient of Dr. H. Jones, became unusually large after conception, and continued to have sanguineous discharges with the return of each monthly period. Doubt was thus thrown upon the nature of the case until one morning, going across the yard for what the patient supposed a call for urinary evacuation, a sudden pain seized her, and a fœtus was expelled. Grasping this through her clothing she walked back into the house and placed herself upon a lounge.

Owing to the sickness of Dr. Jones, the care of the patient was imposed upon me. About half an hour after this catastrophe, the fœtus was found attached by the umbilical cord, but a very slight force detached the cord so that the best guide to the placenta was unfortunately lost.

The uterus was explored with a placenta forceps, and none being found it was supposed that it must have been expelled and thrown away unobserved. The patient rapidly recovered and walked about the house, supposing that all trouble had passed by.

Just three weeks from the time of the abortion this lady was overtaken by a profuse hæmorrhage which subsided spontaneously. The horizontal posture was carefully maintained, and ergot was given. In a few hours a placenta, with its membrane complete, only showing a rent, was expelled in connection with coagula.

There was no more hæmorrhage; and though the skin was very pale from loss of blood, the recovery was speedy and complete. The placenta was altogether free from putridity; was compact, and destitute of apparent disease. One margin was dark with the presence of coagula, indicating the probable fountain from which the blood had gushed.

The location of the placenta upon the inner uterine surface cannot be certainly made out; but it is probable that it was so far toward the neck that the margin was detached by the expansion of the uterus with each monthly congestion.

It is possible that, in connection with the monthly hæmorrhages, there may have been such a change of the uterine surface of the placenta as to destroy the line of clearage.

If the stem of a leaf is wounded just at the line at which it will subsequently separate from the branch, it may readily be conceived that the healing process may obliterate this line of separation, so that the leaf, instead of falling off at the proper time, will maintain its vitality for a long period, and perhaps finally shrivel up without separation.

The change which occurs in the leaf-stem may occur in the embryo-stem, permitting its base, the placenta, to maintain its vitality for several weeks after the falling of the embryo-leaf.

Dr. Hodges, in his folio work on Obstetrics, says that there is abundant proof that the placenta has adhered and maintained its vitality for weeks and even for months after the expulsion of the fœtus.

One of the practical inferences from this case is that it is not imperatively necessary to remove an adherent placenta by forcible means. Like the base of a polypus, it may be left to shrivel and separate by a natural process, which saves the uterus from the infliction of laceration and contusions.

FRECKLES, it is said, are removed by the application, twice a day, of powdered nitre moistened with water.

TWENTY drops of water have the same weight as 38 of laudanum, 58 of the ordinary tinctures and 100 of ether.

CLINICAL NOTES.

BY F. K. BAILEY, M.D., KNOXVILLE, TENN.

DROPSY FROM DISEASE OF LIVER AND KIDNEYS.

January 24, 1873. Called to visit a woman about thirty-two; unmixed African; married; two children, the youngest about two years old.

I learned the following imperfect history. In July or August last she became pregnant, and during the autumn began to feel severe pain in the pit of the stomach, aggravated on evacuating the rectum.

Says her feet began to swell before cold weather set in, and a cough also troubled her. About 10th January she miscarried, at about seven months.

When I first saw her she was coughing and expectorating bloody sputa, and at times spitting out clear blood, of a dark hue. The feet and legs œdematous and cold. Hands and forearms also considerably swollen, and the face full. The pulse could scarcely be felt, on account of the effusion in the wrists; and the action of the heart was labored and irregular. Indications of pericardial effusion, with obstruction in the right side of the heart. Urine not scanty, but red and acid. Complains of pain in the pit of the stomach, extending towards the right side, aggravated on voiding the bowels. Tongue coated thick with a whitish fur; intense thirst for cold drinks. Sometimes craving for solid food.

Prescribed pulv. Doveri in six grain doses, with leptandrin two grains, and an expectorant syrup composed of ipecac and sang. canadensis.

The symptoms continued unchanged from day to day for ten days or more, when the pain in the stomach was less, the bowels became more regular and natural. Slight diminution in the œdema, and less blood in sputa. Gave Doveri powders as called for, and leptandrin, to keep up action of the bowels.

Towards the last of February there was an aggravation of symptoms. Œdema extended to the body, and upon the legs frequent rupture of the cuticle left openings, from which escaped a great amount of serum. I also gave fifteen drops tinct. mur. iron in a teaspoonful of a saturated solution of potash four times a day.

On examination of the urine, it was found to be highly albuminous, and epithelial casts also very obvious under the microscope. The expectoration was bloody during nearly the whole period of my attendance. About the first of March, for a few days, there was a cessation of the cough and expectoration, while at the same time there commenced frequent painful evacuations from the bowels, of a muco-purulent character. These discharges appeared to be associated with the pain in the pit of the stomach. During the last weeks of the case there was soreness and pain on pressure on the hepatic region, and there has unquestionably been some organic disease of the liver for some time.

Since March 1st there has been a failure in strength, with but little rest at night. During a part of the whole period embraced in this history the patient was unable to lie down at all. The pulse ranged from 110 to 120, and the respiration 30 or more. Most of the time it has been very difficult to determine the cardiac sounds; but there appeared to be no valvular lesion, except in the mitral. The woman lived until the 12th, and for forty-eight hours was constantly complaining of pain in the right side. She was a person of more than ordinary intelligence for one of her class, and her previous habits had been good.

The disease had been developing for some months, and was slowly but surely advancing to a fatal issue during each day of its continuance. There is a painful interest attached to such cases, where we can with but little difficulty decide upon a diagnosis, our prognosis equally easy, and the treatment but palliative in its effects.

DROPSY FROM CARDIAC DISEASE.

February 7, 1873. R. D., single; aged twenty-three; light complexion; but, according to his mother's account, "not very strong. For three or four years past he has been irregular in his habits, spending much of his time

drinking, lying out in stormy weather, and often in the calaboose.

Besides, he has been very licentious, and all his conduct calculated to induce disease. January 18th ult., he was out all day and to a late hour at night, it being the annual city election. On the 19th he was taken with severe pain in the chest, attended with fever.

He was visited three or four times by one of our physicians, who ceased his attendance for some reason, and I was requested to see him on the day above stated. I found him sitting in a chair, breathing rapidly and laboriously. The feet and legs were œdematous, the face full, and the hands somewhat bloated. The pulse was 100, but irregular. There was dullness over an extended area in the cardiac region, with greatly increased impulse, as seen externally.

On applying the ear, there was friction sound, together with a splashing, in the whole region of the heart, and continued towards the left clavicle. It was difficult to fully determine whether there was regurgitation into the left ventricle, but it was probable. Circulation much obstructed in the right side of the heart, as indicated by dyspnœa and a constant spitting of blood. Of this latter accompaniment there is no cessation for a moment. Every time he coughs or expectorates, blood is passed out, and mostly dark colored. His mouth was most of the time filled with blood, rendering his sleep imperfect at night, even if otherwise possible to obtain rest.

Sometimes he could lie down at night, but never on the left side. Again, and especially as the disease advanced, he could not lie down at all. The urine was rather copious, but albuminous. No tubular casts; bowels confined; some appetite; thirst for cold drinks. I prescribed iod. potassi in doses of seven and a half grains three times daily, with tinct. digitalis and actea racemosa. After about a week, alternated the above with chlorate potass and tinct. muriate iron. Having not the least idea of accomplishing anything in the case, but a palliation of symptoms, the above was continued, with some mild laxative. About the 10th, the cuticle gave way in the legs and feet, and the serum escaped in great quantities. From day to day there was a failure of strength, and an increase of the amount of blood from the lungs.

On the morning of the 21st, at four o'clock, I was called, and found him sinking. The pulse very weak and rapid; respiration much labored; and within thirty minutes blood began to pour from his mouth and nostrils in full streams, and life was extinct. There was no *post mortem;* and, from various causes, it was not possible to ascertain what were the first symptoms. It is probable that from exposure to cold and wet, inflammation occurred in the pericardium, and perhaps in the endocardium. The case was interesting from the violent character of the symptoms, especially in the heart. There might have been some cardiac trouble for years, as his mother said he was not a stout boy.

I am led to believe that, other things being equal, the subjects of cardiac disease are apt to become intemperate in drinking. The unpleasant sinking and feeling of exhaustion accompanying disease of the heart may induce the desire for stimulants; and, again, the habits and associations of drunkards tend in turn to aggravate the disease thus perchance produced.

Society Reports.

SECRETARY'S OFFICE,
ILLINOIS STATE MEDICAL SOCIETY,
CHICAGO, April 10, 1873.

The twenty-third annual session of the Society will be held in the city of Bloomington, Ill., May 20, 1873, at 10 A.M.

The following committees are expected to report:

STANDING COMMITTEES.

Practical Medicine—S. K. Crawford, M.D., Monmouth; D. L. Jewett, M.D., Watseka; H. M. Lyman, M.D., Chicago.

Surgery—J. L. White, M.D., Bloomington; J. B. Hamilton, M.D., Kane; H. W. Kendall, M.D., Quincy.

Ophthalmology — E. L. Holmes, M.D., Chicago; J. P. Johnson, M.D., Peoria; F. C. Hotz, M.D., Chicago.

Otology—S. J. Jones, M.D., Chicago; Chas. Hunt, M.D., Dixon; T. Galt, M.D., Rock Isl'd.

Obstetrics—T. D. Fitch, M.D., Chicago; A. Niles, M.D., Quincy; D. S. Jenks, M.D., Plano.

Drugs and Medicines—J. H. Hollister, M.D., Chicago; E. P. Cook, M.D., Mendota; J. L. Hamilton, M.D., Peoria.

Necrology—G. W. Albin, M.D., Neoga; J. O. Hamilton, M.D., Jerseyville; J. K. Secord, M.D., Elmwood.

SPECIAL COMMITTEES.

Galvano. Therap.—D. Prince, M.D., Jacksonville.

Hernia—J. H. Reeder, M.D., Lacon.

Hygiene—T. F. Worrell, M.D., Bloomington.

On the Assistance Necessary and Justifiable in Difficult and Protracted Labors—S. B. Hawley, M.D., Aurora.

Stricture of the Urethra—John Murphy, M.D., Peoria.

Phthisis Pulmonalis—H. A. Johnson, M.D., Chicago.

Phys. Nerv. Syst.—C. W. Earle, M.D., Chicago.

Cerebro-Spinal Meningitis—G. Wheeler Jones, Danville.

Locomotor Ataxia—N. S. Davis, M.D., Chicago.

Orthopedic Surgery—J. S. Sherman, M.D., Chicago.

To Prepare and Deliver a Public Address at the next Meeting of the Society—Geo. T. Allen, M.D., Springfield.

T. D. FITCH, M.D., *Secretary.*

APPEAL OF THE PHILADELPHIA OBSTETRICAL SOCIETY

FOR AID IN THE FORMATION OF A MUSEUM OF DISTORTED PELVES, OBSTETRICAL AND GYNÆCOLOGICAL INSTRUMENTS.

At a recent meeting of the Philadelphia Obstetrical Society, it was decided to establish a museum, for the collection of deformed and distorted pelves, and for the preservation of obstetrical instruments possessing historical value, or illustrating new methods of treatment.

The Society was led to take this action for three reasons:

1. No subject at present possesses more interest to the obstetrician than the study of the various deformities of the pelvis, their mode of production, their influence on the process of parturition, and the principles which should guide the accoucheur when operative interference is deemed necessary.

The profession is gradually becoming more and more convinced of the influence of contractions, more or less marked, in causing not only tedious and difficult labors, but also in the production of the mal-presentations and of many of the accidents of labor.

At present there does not exist any extensive collection of female pelves, by which a comprehensive study of this subject can be successfully undertaken. Feeling, therefore, the importance of such observation, the Society proposes to establish a museum having this object in view, and would therefore earnestly solicit such specimens of contracted pelves as may be in the possession of members of the medical profession, who may be willing to yield the pleasure of individual possession in order to assist in forming a collection which will allow a wider and more comprehensive survey of this subject. If the original specimen cannot be sent, casts or photographs are solicited. In certain cases possessing unusual interest, the Society is prepared to offer a pecuniary recompense, should this be desired.

2. Recognizing the fact that various instruments designed for obstetric manipulations, or for the performance of operations in uterine surgery, having been superseded by new and improved models, now possess only an historical interest, the Society has determined to collect such instruments and preserve them, as illustrating the progress of this branch of our art in America. We would also warmly urge upon the inventors of new or modified instruments, and upon surgical instrument makers in general, the desirability of presenting to the Society specimens of intruments, pessaries, and special mechanical contrivances, which they may be desirous of bringing before the profession.

All objects, whether embraced in the first or second class, will be conspicuously placed in the museum of the Society, after having been labeled with an explanatory description, and with the name of the donor.

They will also be carefully preserved, and open to the inspection of all interested in the support and advancement of obstetrics and the kindred branches of medicine.

All objects for the museum may be sent to the Secretary of the society, Dr. J. V. Ingham, No. 1,342 Spruce street, Philadelphia, who will at once acknowledge their receipt, and will gladly furnish such additional information as may be desired.

By order of the Society,

WM. GOODELL, M.D., *Pres't.*

WM. F. JENKS, M.D.
J. V. INGHAM, M.D.
HORACE WILLIAMS, M.D.
} *Committee.*

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, May 1st, 1873.

EDITORIAL.

PUERPERAL FEVER.

One of our subscribers asks us to give the results of our clinical observations in the treatment of puerperal fever, in the columns of THE EXAMINER. We cannot possibly command the time to do this satisfactorily at the present time. Inasmuch as the disease is quite prevalent in some parts of the State, we will hastily express some thoughts that may not be wholly without practical value. Among the gleanings from our exchanges, in the present number, will be found the conclusions deduced by some of the most recent investigators in regard to the special pathology of this much dreaded disease.

They represent it as always caused by septicæmic poison, generally absorbed through some abrasion or injury, either in the vaginal mucous membrane or in the uterus. It is supposed that such poison may be developed by putrefactive changes in the retained blood coagula and vaginal secretions; and its absorption induces a specific inflammation of the uterine vessels and peritoneum. This view of the origin and pathology of puerperal fever may be correct in a large proportion of cases; but we are sure that in many seasons there is something more than the mere local action of a septic poison. There is an epidemic influence, or general condition of the atmosphere, which, if it is not capable of causing the disease, independent of the absorption of local poison, must create a very unusual tendency to rapid putrefactive or septic changes in the retained blood and secretions in the vagina and uterus. Certain it is that a practitioner often passes a number of years without meeting a single case of puerperal fever, and then encounters a season when a large proportion of all who are confined within the circle of his acquaintance suffer from it. It is not reasonable to suppose that the women confined in such seasons are more injured during their labor, or that any more blood or coagula are retained than those confined in years when no case of the disease is seen. So far as our observation goes, the seasons of special prevalence of puerperal fever are the same in which we also have either erysipelas, cerebro-spinal meningitis, or typhus. And this leads to a suggestion of great practical importance. It is that, in seasons and neighborhoods when and where either of the diseases just named are specially prevalent, all pregnant women who are within three or four weeks of the time for their confinement, should not only take special pains to promote a healthy condition of the blood by proper out-door air, plain diet, special cleanliness of person, and good ventilation of sleeping rooms, but they should take, daily, either the tincture of chloride of iron or sulphite of soda, in such doses as would establish a moderate influence of these agents in the blood. And these same remedies should be continued, still more actively, during the first week or ten days after the the confinement. We are confident that these simple precautions would prevent attacks of the disease in a very large proportion, if not all, of the cases. Another prophylactic measure should be alluded to. It is very common for women and nurses to keep the lying-in room closely curtained and dark, especially during the first week. This we deem always wrong, and especially so in a season of epidemic tendency. Light is essential to health, and more or less *sun-light* should be admitted into every lying-in chamber as certainly as the sun shines. In regard to the treatment of puerperal fever, our observation teaches us that no absolute rules or routine can be adopted for our guide. We have had cases in which we have bled freely within the first six hours after the initial rigor, and followed the bleeding by full doses of opium combined with alterative doses of

calomel, alternated with veratrum viride for the first two or three days, and the patients have recovered.

We have had other cases in which bleeding has been omitted, and the patient kept fully under the influence of opium and the sulphites for the first two days; and, when the abdomen became tympanitic, full doses of oil of turpentine have been added, sometimes quinia, and success has attended this method. We think that this latter method, judiciously carried out, with proper attention to vaginal cleanliness and abdominal fomentations, is the best that can be pursued in a great majority of cases.

Venesection, to have any chance of benefit, must be practiced very *early* and decisively. Free application of leeches to the hypogastrium may be practiced with more impunity in the first stage, then general bleeding.

ILLINOIS STATE MEDICAL SOCIETY.—We again remind our readers that the State Medical Society meets at Bloomington, on the third Tuesday in May (the 20th).

The list of committees expected to report can be found in another part of the present number of THE EXAMINER. We do not learn that any railroad commutation is attainable, either for the State Society or the American Medical Association at St. Louis.

Gleanings from Our Exchanges.

ON THE USE OF PANCREATIC EMULSION IN THE WASTING DISEASES OF CHILDREN.

Horace Dobell, M.D. (*Practitioner*, October, 1872), proposes this remedy for that wretched form of atrophy, debility and marasmus in children, where every part of the body wastes away except the abdomen, the state described by Dr. Druitt in his *Vade Mecum* in the following few and graphic words: "Emaciation and voracity; the belly swelled and hard; the skin dry and harsh; the eyes red; the tongue strawberry colored; the breath fœtid; the stools dark-colored and offensive; the bowels sometimes costive, sometimes extremely relaxed; the patient usually dies hectic." The author desires to bring prominently forward that this state, provided there is no advanced lung disease, is rapidly cured by pancreatic emulsion given in doses of a teaspoonful every four hours, and regularly persisted in until fat and flesh are restored. It is, of course, necessary that a proper diet should be insisted upon at the same time; but proper diet without the pancreatic emulsion will not do. In addition to the stress laid upon the influence of the salivary and pancreatic juices upon the digestion of starch, in Dr. Prospero Sonsino's paper, the author says we must not forget the action of the pancreatic juice upon fat; and it is probable that the two functions of the pancreas are sufficiently independent of each other that they may act separately. As shown by experiments, in addition to the action of the pancreas upon fats, it has the power to convert starch into glucin by simple mixture, and this property remains to a certain extent after the pancreas has exhausted its power of acting upon fat. It is possible, therefore, that in different states of depraved health, the one or the other of these properties may be deficient. It is evident that when the power of digesting fat fails to be developed at the proper time, the defect must tell with double force upon children already suffering from deficient digestion of starch.

The children who become the subject of the kind of wasting now spoken of are especially: (1) those suckled by mothers whose milk, though abundant, is extremely deficient in nutritive properties; (2) those brought up by hand; (3) those who, at a later period of childhood, have been subjected to similar chronic defects of diet. It is especially when the mother's milk is poor in fat and lactin that the child becomes dissatisfied and craving; and, in the majority of cases, it is this that first leads to the introduction of farinaceous food, under the popular nursery belief that it is satisfying. As Dr. Sonsino says, if this is given before the power of digesting starch becomes established, of course nothing but mischief can be the result. In the same way that the mother is deprived of fat elements by lactation, so is the child deprived of them by persistency in a diet deficient in milk. The injury is a double one, first by cutting off the supply of fat elements necessary for the protection of the tissues, secondly, by paralyzing the functions of the pancreas by prolonged inactivity. This latter is a point, the author thinks, deserving great attention, and thus accounts in great measure for the impossibility of restoring those ill-nourished,

wasted children by any kind of natural diet after they have been allowed to remain in a chronic state of defective nutrition. The author cites three of the very numerous cases where he has seen pancreatic emulsion administered followed by almost magical recoveries. No amount of milk or cream will take the place of the emulsion, the explanation why, notwithstanding milk is also an emulsion of fat, the author thinks turns upon the following points: (1) The fineness of the particles of fat in the pancreatic emulsion; (2) the permanent character of the molecular mixture; (3) the fact that different fats in the pancreatic emulsion, consisting, principally, of stearine, margarine and palmatine, have a high melting point, thus differing from the fat of milk, oleine, which has a low melting point.—*Boston Med. & Surg. Journal.*

Puerperal Diseases.—In the last volume of the *Medical Times & Gazette* (July 6, 27, Aug. 24, Oct. 26), Dr. E. Copeman reports a third series of cases of puerperal diseases treated with turpentine. The series includes a variety of conditions coming on after delivery, in all of which, however, the symptoms were more or less indicative of that disease at present known as puerperal fever. A summary of the cases thus far reported by Dr. Copeman are as follows:—

		Deaths.	Recoveries.
1st series	21	6	15
2d "	36	13	23
3d "	22	5	17
	79	24	55

The third series, which has just been reported, were, as a rule, ushered in with a chill, followed by rapid pulse, with more or less disturbance of the lochia and milk, diarrhœa, tympanites, frequently cerebral symptoms and general depression. The treatment consisted in the use of turpentine fomentations applied over the abdomen, in all cases where the tympanites was marked and accompanied by more or less abdominal pain or tenderness. Turpentine enemata were administered in those cases in which they were not contradicted by pre-existing diarrhœa. In most of the cases, with the exception of those which were accompanied by excessive nausea and vomiting, the *oleum terebinthinæ* was administered internally, in doses varying from half a drachm to a drachm every four hours. Opium was also given to relieve pain and to produce sleep. No bad effects followed the use of the turpentine, but, in almost every case, a marked improvement seemed to follow its administration.

In a subsequent number of the same journal (Nov. 30, 1872), Dr. Copeman gives the account of eleven cases of *phlegmasia dolens* which were successfully treated by warm turpentine fomentations, kept applied constantly to the affected limbs. One of these cases was developed in a non-puerperal woman, while a second occurred in a man.

As regards the nature of puerperal fever, Dr. A. D'Espine has recently contributed a very long article which has been continued through several of the recent numbers of the *Archives Generales de Medicine*, in which he claims that puerperal fever is always the result of an absorption, by means of lacerations and wounds of the utero-vaginal canal, of a greater or less amount of septic material; the severity of the fever depending, in a great measure, on the amount of such material absorbed. The puerperal condition has no special connection with the production of this disease, as a very similar condition is produced in all surgical wards whenever there is a similar absorption of septic material. During the course of this septicæmia, puerperal pyæmia may occur as a complication; but in all such cases, as a rule, it coincides with a suppurative inflammation of the uterine veins. This complication of pyæmia is comparatively rare, and doubtless owes its origin to so-called septic embolisms. He utterly denies the existence of any such disease as milk fever, and claims that the fever which frequently occurs the first seven days after confinement, is almost always due to the re-absorption of a portion of the lochia by the fissures or wounds of the utero-vaginal canal. It is possible for this condition to continue for some weeks, the lochia being in these cases, as a rule, fetid. A close examination will often detect in these cases an ulceration of the cervix uteri or vagina, which are the points of absorption.—*Boston Med. & Surg. Journal.*

Contribution to the Study of Puerperal Septicæmia.—The following is the summary of the conclusions arrived at by M. d'Espine in his long and elaborate articles on this important subject, recently published in the *Archives generales de Medicine.*

1. Puerperal septicæmia consists of a series of symptoms, the gravity of which is in direct relation to the quantity of septic matter absorbed by breaches of surface in the utero-vaginal canal.

2. These symptoms are not peculiar to the puerperal state, and ought to be classed with those produced by septicæmia in the wounded and in animals.

3. The source of puerperal septicæmia is always the uterus or vagina; and all causes

which prevent the healing of the bared interior of the uterus, or which favor the production of septic matter in its neighborhood, have an important action in its production.

4. The most common channel of absorption is through the lymphatics, and its passage through them can generally, but not always, be traced by lymphangitis.

5. Peritonitis is the result of the conveyance of septic matters through the lymphatics of the uterus, and it may be compared to the local inflammations which develop round infected wounds.

6. The effect of septic absorbtion is to develop congestions and inflammations in internal organs, chiefly in the lungs, kidneys, and intestines; subserous ecchymoses and internal interstitial apoplexy; internal and external inflammations, which localize themselves in the neighborhood of the serous membranes; *during life*, these actions are recognised by fever, diarrhœa, pulmonary congestion, epistaxis, and often by fugitive cutaneous eruptions.

7. Milk fever has no existence; febrile action in the first week after delivery almost always depend on absorption of lochia through slight abrasions or lacerations of the utero-vaginal canal. It may continue for some weeks should the uterus not be firmly contracted, or should the lochia be fœtid. In the latter case ulcerations, through which absorption takes place, may almost always be found either on the cervix or in the vagina.

8. These slighter affections are often, but not always, accompanied by angioleucitis and slight perimetritis. When the septic poison continues long we may have consumption and death (*phthisic septique*).

9. Puerperal *pyæmia* is a complication of septicæmia, and is almost always accompanied by the presence of pus in the veins of the uterus.

It is a comparatively rare occurrence, and probably depends on septic embola being impacted in the veins. Metastatic visceral abscesses are secondary to it, while almost all the inflammations of the cellular tissue and of the articulations depend on lymphatic infection, and are not embolic in their origin.—*Medical Record.*

Thermometry of Yellow Fever.—Dr. W. E. Whitehead, U. S. A., has kindly placed in our hands the thermometric charts of seven cases of Yellow Fever, which occurred at the West Bank Quarantine Hospital, N. Y., in the autumn of 1870. We note the following points of interest:

The maximum temperature was invariably reached on the first or second day—mostly on the second—and never mounted so high afterwards, except in one instance.

The maximum ranged from 102° to 104°.

The highest temperature had a direct relation to the severity and prolongation of the disease.

There was one fatal case, and in this the daily range was greater than in any other.

In several instances a tertian movement of temperature was observable.

The defervescence was mostly rapid and irregular, commencing on the third or fourth day.

In two cases the temperature fell to 97° during defervescence, but rose immediately to 98°.

From four to ten days elapsed before the temperature became permanent at the normal standard of 98°; or, in other words, before convalescence was completely established.

Variability of Pharmaceutic Preparations.—A writer in *The Druggist* reports the result of examinations of eighteen different fluid extracts of belladonna, made by different manufacturers. They ranged from 410 to 80; or in other words, the weakest preparation was but one-fifth the strength of the most active. Such facts are startling to practitioners. Doubtless similar uncertainty prevails, though perhaps not to such an extent, in the whole range of pharmacal preparations. A remedy for the evil is imperatively demanded. The responsibility and remedy rest with pharmacists. The rapid progress of pharmaceutical science within a few years past, and the multiplication of associations and schools for its culture, ought to have debarred the possibility of results so embarrassing and disreputable. We are assured that fluid extracts are the most certain and uniform of medicinal preparations, and they are largely prescribed by physicians under this guarantee. We turn the subject over into the hands of our pharmacists for that attention and reform which are alike demanded by the magnitude of the subject in its relation to life and disease, and by their own reputation and their obligations to the community.

Ventilation and Warming.—In a lecture on ventilation, lately delivered before the Franklin Institute, Mr. L. W. Leeds, after detailing the abominations he encountered in his examination of the ventilating arrangements of the Treasury building at Washington, gives the following practical directions concerning provisions for ventilation and warming in the construction of buildings. First, never have long underground fresh-air ducts. Second, never allow

a sewer, soil-pipe, foul-air flue, or smoke-flue, to come near the fresh-air supply-flue, for fear of some connection being made between them by carelessness or accident. Third, never heat a building exclusively by currents of warm air. Fourth, always put the heating flues on the outside walls instead of on the inside walls. Fifth, endeavor strenuously to avoid the fresh-air chamber becoming a common receptacle for all the rubbish of a filthy cellar.

On Endocarditis and Embolism.—Sperling (*Inaugural Dissertation*, Berlin, 1872) analyses 300 cases of endocarditis examined *post mortem* in the Pathological Institute of Berlin during three years, and groups these according to the side of the heart, the valve, or the combination of valves, affected. In regard to embolism, it was found in 29 per cent. of the cases of pure endocarditis; in 26 per cent. the left side was affected, and the right in 2-3 per cent., the lungs being the seat of deposit in the latter cases without exception. In the cases due to endocarditis of the left ventricle, the mitral valves were diseased in 88 per cent., the aortic in 48 per cent.

Contrary to usual acceptation, the kidney was found most often affected with embolism —75 per cent., the spleen being less frequently so—51 per cent.; the brain, 20 per cent.; the liver and intestine, 7 per cent.; the skin, 5 per cent.; the bone-marrow, 3 per cent.; and lastly, the salivary glands and the inner coats of the eye.—*London Med. Record.*

Cerebro-Spinal Meningitis. — This disease is at present prevailing as an epidemic in the Province of New Brunswick. It is at present limited to the neighborhood of Moncton, although a few cases have appeared in St. John ; a few cases have also occurred lately in the western part of this Province. It is also prevalent in the Western States, particularly in Kansas. It appears to be very erratic in its course, appearing and disappearing in different parts of the same State or Province, at different times, without seeming to travel in any particular direction. In the cases that have occurred within the past two months, the mortality has been very great. Prof. Loomis, of New York, who has had considerable experience in the treatment of this affection, gives the following :—Sol. saturat-potass bromide, forty minims every two or three hours; quinia sulph., three to five grains every three hours; ice to the head and spine; blisters to the nape of the neck; bleeding, when the constitution of the patient will admit of it, and tonics during convalescence.

The Laryngoscope an American Invention.—Dr. G. Troup Maxwell, of Middletown, Delaware, read before the Delaware State Medical Society, at its last annual meeting, a paper which is published in the New York *Medical Record*, of January 15th, 1873, claiming to have invented and applied the Laryngoscope in 1859, fully four months before the first announcement of the instrument was made by Prof. Czermak. His instrument was constructed by Messrs. Tiemann & Co., of New York, in October, 1859, and the first announcement of Czermak's invention was made in Paris in April, 1860, and in this country in July following. Czermak's invention was prior to that of Dr. Maxwell by a few months, but it could not have been known by the latter, who asserts its originality, but not priority, in the invention, and claims to be the first individual in America to employ the instrument.

On the Use of Quinine in Whooping Cough.—A. Steffen (*Jahrb. fur Kinderheilk.*, N. F. iv. 2 ; *Schmidt's Jahrb*,, 1872, No. 32). Since the autumn of 1868, Steffen has used quinine in various cases of pertussis convulsiva, and generally with good result ; in some cases, on the contrary, there was but slight effect, or none at all. On an average, he gave children between two and five years old, eight to sixteen grains within twenty-four hours. In one case, where the child could not be made to take the medicine, it was used in enema, nine being given in the course of three days, each containing half a drachm. The author reports two cases where the action of quinine seemed quite remarkable.—*Boston Med. & Surg. Journal.*

Influence of Artificial Respiration on the Circulation.—It has been supposed that the mechanical conditions during artificial and natural respiration are so different as to exert very considerable influence on the circulation. In natural inspiration the pressure in the thorax is diminished, while in artificial it is increased.

The result of experiment showed that there was no difference in the effects, provided the artificial injection was not too great. If too much air were introduced, it caused an abnormal elevation of the blood-pressure during inspiration, and an abnormal sinking during expiration. The mean blood-pressure, however, remained unaffected.—*Medical Record.*

Digestion of Starch in Infancy.—(*Gaz. Med. Ital.*, Nov. 1872.)—It has been known that the saliva of newly born animals has not the power of transforming starch into sugar. A recent experimenter has taken the pancreas

from kittens and puppies, and has ascertained that the pancreate juice in these animals, when young, is, like the saliva, incapable of converting starch into sugar. The bearing of this fact on the practice of giving starchy food to very young infants is obvious.

Bromide of Iron.—This remedy is advocated by Dr. N. H. Norris, of Beloit, Wisconsin (*Northwestern Medical and Surgical Journal*) as nearly a specific in involuntary seminal emissions and spermatorrhœa. He has administered it three times daily, an hour before or after meals, in doses of from three to five grains, rubbed up in a little syrup. Professor Namais (Practitioner) states that this remedy corrects defective formation of blood, quiets nervous excitation, and produces the combined effect of iron and the bromides. He regards bromide of iron as being in many instances a therapeutic agent of superior value in epilepsy even to the bromide of potassium. — *N. Y. Medical Record.* — *The Southern Medical Record.*

Locomotor Ataxia Treated with Nitrate of Silver.—Prof. Dickerson (*Kansas City Medical Journal*) reports two cases of locomotor ataxia which, following the method of Prof. Wundelich, he successfully treated with nitrate of silver. The medicine was administered in doses of one half-grain, taken after meals. Both patients recovered after about three weeks' treatment. — *The Cincinnati Lancet and Observer.*

Professional Risks. — It was stated in the memoir of M. Guersant, read before the Surgical Society of Paris, that that eminent surgeon contracted syphilis through a wound in his finger received while operating upon a patient affected with that disease, and that his death was the ultimate result of the constitutional infection so produced.

Material for Hypodermic Injections.—The aqueous solutions of the alkaloids are soon impaired by the growth of minute fungi on the surface. This is prevented by the addition of 20 per cent. of glycerin. Sulphuric acid is thought to be better than hydrochloric to facilitate the solution of the salts.

Book Reviews.

The Sanitarian. This is a monthly journal of 48 pages, published in excellent style, by A. S. Barnes & Co., New York and Chicago. It is edited by A. N. Bell, M.D., of Brooklyn, N. Y.

The first number was issued in April, and the second has just come to hand. As its name imports, it is devoted entirely to Sanitary science in its liberal and proper sense. The field it occupies is a most important and useful one, and the editor admirably qualified for the work he has undertaken. The two numbers before us contain articles of more value to every intelligent reader than the subscription price for the year, which is $3.00. We hope the enterprise will be abundantly sustained.

Family Thermometry; A Manual of Thermometry, for Mothers, Nurses, Hospitals, etc., and all who have charge of the Sick and of the Young. By Edwin Seguin, M.D. New York: G. P. Putnam & Sons, Fourth avenue and Twenty-third street—1873. Price, 75 cents.

This is a very neatly published little 12mo. of 72 pages, received through the bookstore of Jansen, McClurg & Co., of this city. It is written in a familiar, yet interesting style, and is designed to afford that elementary instruction in regard to noting the temperature of the human system in health and disease, which is needed by all who have charge of the sick. It will be found a useful aid to the busy practitioner, as well as to the nurse.

Fourth Annual Report of the State Board of Health of Massachusetts. January, 1873. Boston: Wright & Porter, State Printers.

This is an unbound octavo volume, of 473 pages, containing the annual report of the State Board of Health, with accompanying documents, for 1872. The whole volume is filled with matter of great value. But the articles on Sewerage and Drainage, on the Use of Alcoholic Drinks, on Infant Mortality, on The Causes of Consumption, and on House Accommodation for the Poor in our most populous cities, are worthy of special attention. They show very clearly that great progress is being made in improving the sanitary condition, and consequently the happiness, of the more enlightened communities throughout the world. In doing this they reveal still more clearly the fact that other and far greater improvements are both attainable and necessary.

Original Communications.

SPOTTED FEVER.

BY G. D. MITCHELL, M.D., DARWIN, ILL.

READ BEFORE THE CLARK COUNTY MEDICAL SOCIETY, APRIL 2D, 1873.

None of the names, Cerebro-Spinal Meningitis, Spotted Fever, Cerebro-Spinal Fever, selected by writers to designate the nature of this disease, fully comprehend its true pathology, it appears to me. I will therefore select a name to suit my own views of its nature: Rheumatic-Malarial Cerebro-Spinal Fever appears to me to more fully describe its nature, so far as it has come under my observation and treatment. Of the particular symptoms of this disease I will not speak, as it cannot be mistaken for any other disease.

The great mistake that has been made, and is likely to be made, I think, is in the true pathology of the disease. In my opinion it is not inflammatory in its essential nature. I believe it may become inflammatory in its course, if not arrested early. It is eccentric in nature—not centric. It is systemic, and not an inflammation of the membranes of the brain and spine. It is, in my opinion, a disease of the blood or fluids of the system, septic and asthenic in nature. This fluid poison or malaria produces its effects upon the cerebro-spinal system, in combination with that state or diathesis of the system in which sub-acute rheumatism or rheumatic fever takes place. In the disease as it appeared in York and Darwin townships last winter, the exciting cause, to all appearance, was the same we generally ascribe to rheumatism. The predisposing cause would be this poisoned or septic condition of the fluids, rendered so, perhaps, by a malarial diathesis. If it is rheumatic, why not inflammatory? Is rheumatism inflammatory? Suppuration, I believe, does not result from rheumatism, as it does from all other inflammations. That it is in some way connected with a rheumatic nature is argued from the fact that nearly all the children, and many adults, in this locality, were affected with rheumatism of the muscular fibre. Pain and swelling in the arms, feet, legs, neck, back, and other parts of the body, prevailed throughout the country during the time of the greatest fatality from spotted fever. It is worthy of remark that during last winter we had very few cases of inflammatory diseases. Not a tenth part of the usual cases of pneumonia occurred in this locality last winter. That this disease is connected with a malarial influence is argued from the fact that in York township it prevailed the most extensively in the vicinity of Mill and Snider creeks, where they run into the low Wabash bottom, where malarial fevers prevailed most extensively last summer and fall. In Robinson and Oblong, in Crawford county, where this disease prevailed most fatally a few weeks before it made its appearance here, I do not know whether this will hold good. They have level clay lands; ours is a sandy, dry soil. That this disease is a blood poison is argued from the fact that most cases have the petichia, or red spots, from the very first appearance of alarming symptoms.

Spotted fever is an entirely different disease from simple idiopathic spinal meningitis, cerebro-spinal meningitis, or mytotis; they are sporadic, not epidemic. In the contraction of the muscles of the neck and back, and the mental derangement which always obtains in these sporadic cases, the symptoms are the same as we have in most cases of the so-called spotted fever.

If the disease is inflammatory, why does it not yield to antiphlogistic treatment? All cases treated as such prove fatal. Twenty-five years ago a disease very similar to this prevailed in this locality, apparently following a fatal epidemic erysipelas. Physicians at that time were firmly of the opinion that the brain symptoms were from erysipelatous inflammation of the membranes of the brain and spine. But we have had comparatively no erysipelas the past winter.

In the treatment of this disease all depletory and antiphlogistic remedies, as such, should be avoided. The leading indications are, first, to sustain the vital powers; second,

to control the muscular contractions, hyperæsthesia, and restlessness; third, to correct the secretions.

In all cases where there are reasons to believe that the stomach and bowels are loaded with food, or an excess of bilious matter, I give a mild emeto-cathartic of calomel and ipecac, aa. ten to fifteen grains, and repeat in twenty or thirty minutes if emesis is not produced. If this does not produce purgation in a short time, give an injection of soapsuds. Whilst this is being given apply extensively, and repeatedly, mustard to the whole length of the back, to the extremities, chest, and abdomen. These should be continued till the muscular contraction and delirium are relieved. Blisters act too slowly, and appear to increase the irritability. They may be used to better purpose after all the active symptoms pass off.

Immediately after the action of the emetic, I give, to a patient twelve years old, the following:

℞.—Sulph. quinia, grs. iii. to iv.;
Sulph. Doveri, grs. vi. to viii.;
Sulph. morphia, gr. ⅛;
Calomel, grs. iii.;

every two, three, or four hours, according to the effect upon the pulse, and restless condition of the patient. If there are no muscular contractions, and a tendency to coma or stupor, I omit the morphia. Between each dose I give the following:

℞.—Elixer valerian ammonia, ʒ i.
Bromide potassii, grs. iii. to iv.
Tinct. gelsemium, gts. xx. to xxx.
Carbolic acid, gts. iii.

The doses of these remedies must be regulated according to their effects upon the patient. The pulse must be brought up full and strong, the muscular contraction and excessive irritability must be controlled. This can only be done by the combined effects of tonics, opiates and sedatives. Quinia alone will not answer; neither will sedatives and opiates. I give carbolic acid for its antiseptic effects. To withhold quinia and stimulants because the pulse may be from 80 to 110, and to withhold nervous and arterial sedatives because the pulse is below that point, is dangerous. Whisky may be used in the early stage, as a nerve excitant, to aid in effecting reaction; further than this its use is dangerous, because it increases the irritability and delirium. It may possibly act as an antiseptic in the course of the disease. After producing one evacuation of the bowels, keep them controlled for forty-eight hours or longer—(an excessive run upon the bowels the first two days will tend to fatal results)—continuing the calomel in small doses, with a view to its constitutional effects. This will be a safeguard to effusion upon the membranes of the brain, if there should be such a tendency. The application of boiled ears of corn to the patient's body, if not used too extensively, will assist in relieving muscular contraction, and supplying the body with heat. It is too much of a depletory remedy to be used extensively. The application of dry heat is much better. After reaction has fully taken place, and the violent cerebro-spinal symptoms are relieved, I give the following:

℞.—Tinct. colchicum, } aa. ss.,
Fl. ext. ergot, }
Iodide potassii, grs. iv.,

as a remedy for the rheumatic complication, still continuing the other remedies as long as there are any cerebro-spinal symptoms.

After the violent symptoms have passed off the patients are left in a prostrate and debilitated condition, for which I have used, with decided benefit, elixer calisaya bark, with strychnia, hypophosphite, iron, lime, soda, and potassa, aa. one drachm, three or four times a day. They produce a decided vitalizing effect.

In nearly all the cases convalescence is slow, attended with nervous and rheumatic pains, in the temples, neck, head, back, and limbs. The patients usually have a good appetite, but there is defective assimilation of food; remaining emaciated some times for weeks and months.

About one-third or one-fourth of the true cases proved fatal. There were many cases reported as spotted fever which were either

not the disease at all, or very mild cases. It is worthy of remark that all other diseases partook somewhat of the same nature. We had an unusually large amount of malarial fevers last summer and fall; many cases of ague continuing through the winter.

The view that this disease is rheumatic and malarial in its nature, is not entirely new with me; it has been referred to by other writers. I give my own views, as impressed upon me after dealing with it myself. I cannot tell why it has not prevailed extensively, as it has in certain localities in this portion of the country.

A CASE OF SHOULDER PRESENTATION.

BY G. D. MITCHELL, M.D., DARWIN, ILL.

July 23d, 1867, I was called to see M., in consultation with Dr. S. Jumper. From him I got the following history of the case: Some 48 hours previous he had been called to visit the case, but the labor pains were so slight that he returned home. He was sent for the next day, and, some ten hours previous to my arrival, she was delivered of a healthy child. Supposing from appearance, that there was another child, he proceeded to make examination per vaginum, but could not reach the presenting part. Labor pains did not return for something like an hour. When the pains returned, an examination revealed the fact that he had a case of shoulder presentation. Dr. Jumper made an attempt to turn the child, but the labor pains were so powerful that he could not succeed in reaching the feet. When I arrived the pains were still strong, and shoulder well pushed forward down in the pelvis. The shoulder presented with the back of the child towards the pubis, or scapula pubic position of the left shoulder. I made four unsuccessful efforts to secure the feet and bring them down. The tonic contraction was so complete, and the labor pains so violent, and the waters so completely evacuated, that it was impossible to secure the feet.

Opiates and relaxants had no effect upon the uterine contractions. It was impossible in this case to perform cephalic reversion, or bring down the head of the child. Could the child be born in this position? As in twins, the child was small, and favorable to expulsion in this position. Some authors say that sometimes spontaneous evolution, or version, may take place. But the vital powers of the patient were fast failing. The pulse was becoming small and feeble. I proposed to Dr. Jumper to remove the child's head—or, as it is called, decapitation—and bring down the body, and afterwards deliver the head. We agreed to send for Dr. D. O. McCord, for further counsel; but before he arrived we thought further delay was dangerous, and would be jeopardizing the life of the patient, and I proceeded to take off the child's head. This I did by passing a blunt hook around the neck of the child, well wrapped with soft muslin, and taking a long-bladed pocket-knife, wrapped well with soft cloth to within half an inch of the point of the blade, introducing it upon my finger to the neck of the child, and, at the same time, Dr. Jumper drawing upon the hook, to keep the parts within reach. I succeeded in cutting off the child's head, close, of course, to the shoulders, and pushing it back. The labor pains were feeble, and it required some traction on the arm and shoulders of the child to extract it; but it was delivered in a very few minutes.

At this juncture Dr. McCord arrived, and approved our course. We now proceeded to bring the vertex of the head down, and opened it, letting out the brains, and, introducing the hook into the aperture, succeeded after some time in delivering the head.

There was much difficulty in delivering the after-birth (placenta), from irregular contraction of the womb—similar to hour-glass contraction; and it was some two or three hours before it was accomplished.

The shock to the nervous system was great, and the prostration following lasted several days; but she recovered without any inflammatory symptoms.

I have reported this case for the purpose of making a short report on shoulder pre-

sentations in general, and giving my experience in the treatment of these cases; and to urge upon the Society the great importance of being fully prepared and posted to manage shoulder presentations. There are few cases in the practice of medicine in which the reputation of the physician and the safety of the patient are so much at stake as in shoulder presentation. How important it is, then, to have a thorough knowledge of such cases. I will not speak of the different positions, mechanism, diagnosis and prognosis, and the full treatment of shoulder presentations, but give the different modes by which relief is obtained and the mother's life saved.

First. The first is, so authors tell us, the child may be born by duplication, where the child is born with the head doubled upon the body; or, as some have confounded, spontaneous evolution, or version, with duplication, in which the body of the child, if forced down, passing the head, and the nates present at the vulva, and the child delivered as in nates presentation. I have never seen a case of this kind, and believe it hazardous to wait for such a result.

Second. The second is by cephalic version that is to bring down the head of the child in place of the shoulder, converting it into a vertex presentation. Cephalic version is mentioned by authors, but not recommended. It is said to apply to a very small number of cases. I have had five cases of shoulder presentations, in two of which I succeeded in bringing down the head. If the labor is not strong, the shoulder high up, and the time seized for the operation while the waters are escaping, I think it may be performed in many cases. I think it should always be tried, as it does not interfere with pelvic version, if unsuccessful.

Third. The third, pelvic version, or bringing down the feet. This is the most common mode of procedure, and should be performed immediately if cephalic version has failed. This cannot always be performed. We may be called too late, or the contractions are so strong and the waters so completely evacuated from the first that it is impossible to reach the feet.

I have performed pelvic version in two cases, and failed in the one reported above. If the feet cannot be brought down, all that is left us is the

Fourth method of procedure, the lacerating of the child's trunk, to enable us to extract it doubled upon itself, in imitation of the natural process of duplication; or,

Fifth, by decapitating it, in order that the body and head may be separately extracted, as was performed in the case reported above.

I think decapitating the child is far preferable to eviscerating it. When the contents of the chest and abdomen are removed, the body of the child is still so large that the difficulty is by no means all removed. The head and body still must pass out doubled together. To remove the head, the body and head will pass out separately.

The objection to decapitating the child is the supposed difficulty of removing the head afterwards. It appears to me that it is a much easier operation to remove the child's head than to open the chest and remove the lungs and intestines. In the case reported it was no difficult job to open the child's head, and, when opened, the contents escaped immediately. Neither was there any difficulty in extracting the head, by aid of the hook.

The question I wish to ask the Society is, Was this a proper course of procedure, after failing to turn the child by bringing down the feet? Was it good practice to remove the child's head? Immediate help, immediate interference with the natural progress of labor was demanded, beyond all doubt.

MUCOUS DIARRHŒA WITH PREGNANCY.—DEATH AFTER CONFINEMENT.

BY F. K. BAILEY, M.D., KNOXVILLE, TENN.

December 4th, 1872—Mrs. L., aged about thirty-two; married six years; light complexion; feeble organization; much emaciated; and about eight months advanced.

Complains of pain in the abdominal and pelvic regions; has had diarrhœa for some time, attended with pain, and voids mucous

discharges frequently during the twenty-four hours; tongue pale, with slight coat at the base; thirsty, with but little desire for food; pulse very soft and feeble—about 90 in a minute; has taken epsom salts, and no other medicine. Prescribed as follows:

℞.—Bromide potassii, ʒ.ii.
Sulph. quinia, ℈i.
Tinct. gentianæ comp., ℥ ss.
Tinct. cinch. comp., ℥ iss.—Mix.

F. mixtura sig. teaspoonful, four times daily. To take whisky-toddy freely, with rich beef soup. Also, to have an enema of fifteen drops tinct. opii every two hours till the diarrhœa is checked.

December 6th—Found patient much better; diarrhœa controlled completely, and pains relieved, which had been a source, of great annoyance.

The above course of treatment was followed up for a few days, and the symptoms were materially relieved.

I saw no more of the woman till the 17th inst., when I was called, and found her in labor. Arrived at the bedside at 10 A.M., and in an hour she was delivered of a male child, rather small in size, and showing no signs of life. The umbilical cord beat feebly, for a few minutes only. Placenta came away at once, and uterine contraction appeared sufficient.

The next morning she was as comfortable as could be expected, having slept about four hours during the night. There had been some irritability of the bowels, but no discharge. To take the mixture ordered at the first visit. To have soups freely, with milk-punch.

December 18th—Complains of pain and extreme soreness in the left iliac region; some fullness over the descending colon, with extreme tenderness on the slightest pressure; the lochial discharge scant, but not unnatural in color; no uterine pains; bowels moved once or twice, with the same appearance as at first; pulse very feeble and small, 124 in a minute; thirsty, but has some appetite; urine rather free; has slept a little. To continue stimulants and the bromide of potassii mixture.

December 19th—More feeble, but no change otherwise. To continue treatment.

December 20th, 9 A.M.—Had a severe chill about 10 last night, followed with heat of surface and increase of pulse; the lochial discharge has not been lessened, but rather increased, for the last two days; stomach not deranged. Gave sulph. quinia and pulv. Doveri, every three hours, with whisky and soup. 4 P.M.—Fever subsided, but abdominal soreness has increased; pulse very feeble and small—130 in a minute. To continue quinia.

December 21st, 9 A. M.—More feeble; bowels moved once during the night; discharges much as at former times; pulse 120, and *very* feeble. To continue powders, with stimulants. 5 P.M.—Failing; some hiccough; abdominal soreness somewhat abated; lochial discharge continues. To continue stimulants.

December 22d—Patient died at midnight.

I will remark that of late a few cases of puerperal fever have occurred in the city, and at about the same time embraced in the above history. It may be deemed probable that at the time of chill, in this case, a condition allied to that of puerperal peritonitis set in. The vital powers were so feeble that, if such was the case, no appreciable amount of reaction came up. The cases alluded to occurred in the hands of other medical men, and I have been unable to obtain a full history in any of them.

Two of the patients were young women about twenty, married in January, 1872; and both died on the same day. They were attended by different physicians, and the disease could not, therefore, have been conveyed from one to the other.

Another case was that of a lady, mother of a numerous family. I learned that the symptoms were characteristic of child-bed fever, and resulted favorably, but with considerable prostration.

Another still, was the mother of four or five children, and was not taken till the third or fourth day; result fatal. The two last cases were attended by Dr. Boyd, who also was the physician of one of the young

women. The cases, however, were at considerable intervals, and consequently merely sporadic.

CASE OF LACERATED WOUND OF ABDOMEN.

BY DR. CHARLES H. NORRED.

Mrs. M., aged 26, mother of two children, and in the eighth month of gestation, was gored by a cow, the horn entering the abdomen in the linea alba, two inches below the umbilicus, penetrating to the peritoneum, and producing laceration on each side, extending to crest of ilium. I saw her thirty minutes after the accident, and found her in a condition of collapse from shock; hæmorrhage slight; edges of wound everted, with portions of cellular tissue protruding from the margin. The latter were removed, and the wound closed by the continuous suture and adhesive straps. The sutures were passed deeply, almost to peritoneal surface; but in consequence of extensive sloughing it was found necessary to reapply them. I prescribed p. Doveri, ten grs., to be given as often as required when suffering, and to control uterine tenesmus, which was so severe as to seriously threaten premature labor.

On calling next day, found the bowels tympanitic, abdominal surface tender, pulse small and quick—120—and tongue dry and furred. I prescribed hyd. submur. et opii, every three hours, which resulted in a gradual cessation of inflammatory symptoms, the pulse falling to 80, and continuing so till convalescence was assured.

Twelfth day following the injury she was delivered of a healthy child, after a natural labor.

PROGRESSIVE MUSCULAR ATROPHY. — By B. Tauber, M.D., Paducah, Ky.—Mrs. F., aged sixty-five, has sent for me, July 20th, to examine her arm and shoulder. Some physicians, in Memphis and in this city, diagnosed the case a few months ago as rheumatism; they used liniments and alkalies *ad libitum*, with no beneficial results.

She complained of loss of strength in the arm and forearm, hand, and shoulder; severe pains, simulating those of neuralgia, in the parietic muscles; slight twitching of separate bundles of muscular fibres; locomotion in any direction lost; and showing distinctly in the hand the "*main en griffe*" of Duchenne.

On examination I found, as usual in this disease, the thenar and hypothenar eminences almost disappeared; the skin was hanging over them in loose folds; the muscles of the arm and forearm atrophied — unable to perform the complex movements; the deltoid muscle and shoulder flattened; also the trapezius and scapular muscles.

As the symptoms are so well marked, I diagnosed the case "progressive muscular atrophy," and applied fifteen Smee's cells to the spinal cord and to the sympathetic nerves; to the cord ten cells for about five minutes every alternate day. I also applied the induced current (A. Gaiffe's) directly over the atrophied muscles, to improve the nutrition of the same. To my great surprise I noticed, after the sixth application, the patient was free from pains; the voluntary movements almost natural in any direction. The lady was able to dress the hair, and to lift the arm in any desired direction.

For internal treatment, being anæmic, gave — ℞. Quiniæ sulph., ʒ ss.; tr. ferri. chloridi, ʒ iii.; strychniæ sulph., gr. ss.; syr. simp., ʒ jss.; ol. anisi, gtts. iii.; M. S.—A teaspoonful three times a day after meals.

Also ordered to use the interrupted current every other or third day. The lady since in good health; the arm increased in fullness, free of pains, and she is well satisfied.—*The Cincinnati Medical News.*

CARBAZOTATE OF AMMONIA IN THE TREATMENT OF MALARIAL POISONING. — Dr. Beaumetz brought (in a recent paper before the *Societe de Therapeutique de Paris*) the above named substance to the notice of the profession. He related the successful employment of this salt by Braconnot, Calvert, Aspland, Bell, Manopa, etc., gave the results of six cases treated by himself, and of various experiments carried on upon animals and man. Like quinine, it diminishes the strength of the pulse, brings on heaviness, cephalalgia, and even delirium, and is eliminated by the kidneys. From his experiments and cases, Dr. Beaumetz draws the following conclusions: Carbazotate of ammonia is very efficacious in intermittent fever; the suppression of the paroxysms may be obtained by the use of one-third to two-thirds of a grain daily, given in three doses; the drug never has any bad effect, and seems to be better tolerated than sulphate of quinine, though its physiological action is very similar.—*London Lancet.*—*The Detroit Review of Medicine.*

THE
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EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, May 15th, 1873.

EDITORIAL.

AMERICAN MEDICAL ASSOCIATION.

The annual meeting of this great National organization commenced in St. Louis, Mo., on the morning of Tuesday, May 6th, 1873, and was closed at noon on the Friday following. Not less than 450 members were in attendance, embracing representatives from thirty-two States and Territories. The reception and treatment of the members of the Association by the Committee of Arrangements, the profession and citizens of St. Louis, and the daily press, was cordial, dignified, and honorable.

The press especially is worthy of commendation for having indulged in none of that spirit of facetiousness and sensationalism which has so often of late years characterized the reports in the papers of other cities. The business of the general morning sessions was transacted in order, and with a spirit of harmony and good feeling seldom witnessed in so large an assembly.

As has so often happened in previous years, there had not been as complete provision made for the accommodation of all the *Sections* as is desirable; and the number of papers and reports to be referred was less than usual. Yet several of the Sections were well attended, and their time fully and profitably occupied. As we shall give an abstract of the proceedings in our next number, further comments are deferred for the present.

ASSOCIATION OF AMERICAN MEDICAL EDITORS.

This organization held its annual meeting in the Polytechnic Institute, on Monday evening, May 5th, 1373. As has usually been the case, only a limited number of representatives of the Medical press were present. Dr. Theophilus Parvin, President of the Association, called the meeting to order. The Secretary read the minutes of the previous meeting. The President read an address on the relations between Medicine, Philosophy and Literature, which was listened to with interest by an appreciative audience. The address gave evidence of much literary research on the part of its author, and was written in elegant style. The thanks of the Association were tendered, and a copy of the address requested for publication. The Committee on Prize Essays made no report. The following officers were elected for the ensuing year: President, W. K. Bowling, of Nashville, Tenn.; Vice-President, W. S. Edgar, of St. Louis, Mo.; Secretary, F. H. Davis, of Chicago, Ill.

The next meeting is to be held in Detroit, Michigan, on Monday evening preceding the first Tuesday in June, 1874.

The Obstetrical Journal of Great Britain and Ireland, including Midwifery and the Diseases of Women and Children. Edited by James H. Aveling, M.D., and Alfred Wiltshers, M.D.; with an American Supplement, edited by Wm. F. Jenks, M.D. Philadelphia: Henry C. Lea.

The first issue of this new journal, the number for April, 1873, is now before us. It is to be issued in monthly numbers of 72 pages each, with an American Supplement of 16 pp. The subscription price is $5.00 per annum. The list of regular contributors includes such well known names as Dr. L. Athill, Dr. J. H. Bennett, Dr. Thos. Chambers, Dr. F. Churchill, Dr. Alfred Medows, and many others

The addition of an American Supplement will undoubtedly increase its sphere of usefulness in this country. The Supplement is intended to contain short original communications, or clinical lectures, and a thorough abstract of the most important and interesting articles relating to obstetrics and kindred branches, selected from the American periodical publications.

Society Reports.

THE AMERICAN PUBLIC HEALTH ASSOCIATION.

The first annual meeting of this Association was held in Cincinnati, commencing Thursday, May 1st, 1873. The meeting was called to order at 9 A. M., the President, Dr. Stephen Smith, of New York, in the chair.

The Secretary, Elisha Harris, M.D., having communicated to the President his inability to be present, Dr. E. H. Jones, of New York, was chosen to fill that office *pro tem.* After announcing the order of business submitted by the Executive Committee, the Secretary read letters from members who were prevented from attending the session. These letters were from President White, of Cornell University, N. Y.; C. R. Agnew, M.D., N. Y.; Prof. Cappell, University of Virginia; J. C. Nutt, M.D., New York (since deceased); F. Peyre Percher, M.D., Charleston, S. C.; Wm. F. Wraag, M.D., Charleston, S. C.

The following members were present at the morning session: Dr. Stephen Smith, of New York, Chairman; Dr. John H. Rauch, Chicago, Ill.; Dr. C. C. Cox, Washington, D. C.; Dr. Edwin M. Snow, Providence, R. I.; Dr. C. B. White, New Orleans, La.; Dr. Wm. Clendenin, Cincinnati, Ohio; Dr. J. E. Reeves, Wheeling, W. Va.; Dr. Moreau Morris, New York; Dr. John M. Woodworth, Washington, D. C.; Dr. E. H. Janes, New York; Dr. Thos. M. Logan, Secretary of Board of Health, Sacramento, California; Dr. Edward Jarvis, Dorchester, Mass.; Dr. John M. Toner, Washington, D. C.; Dr. A. N. Belle, Commissioner of Quarantine, Brooklyn, N. Y.

The President delivered a valuable and interesting address on the "Limitations and Modifying Conditions of Human Longevity as the Basis of the Practical Application of Sanitary Knowledge." After an interesting survey of the whole field of human existence, embracing climate, food, habits, and disease in various forms, inherited and contracted, and showing the modifying influences of enlightened knowledge on the part of the individual, and of communities. The speaker summed up with an extended notice of the more important methods for applying sanitary knowledge with the best effect.

Dr. Toner, of Washington, was next requested to read an abstract of the Statistics of the Boards of Health of the United States. These statistics had been gathered together through the co-operation and assistance of the Bureau of Education at Washington. The following are the principal results derived from the figures: Total No. of Health Boards reporting, 118. No. of Health Boards reporting from the State of Alabama, 2; California, 2; Connecticut 3; Delaware, 1; District of Columbia, 1; Florida, 1; Georgia, 2; Illinois, 10; Indiana, 8; Iowa, 3; Kansas, 5; Kentucky, 1; Louisiana, 1; Maine, 4; Maryland, 1; Massachusetts, 11; Michigan, 8; Minnesota, 1; Mississippi, 1; Missouri, 4; Nebraska, 1; New Hampshire 2; New Jersey, 5; New York, 11; Ohio, 8; Pennsylvania, 5; Rhode Island, 1; South Carolina, 1; Texas, 1; Vermont, 1; Virginia 6; West Virginia, 2; Wisconsin, 4. Total, 118.

Total No. of said Boards reported, 690; No. of Boards not reporting members, 7; No. of Boards exercising authority over cities, only 90; having extra urban authority, 22; State Boards, 3; not respecting extent of jurisdiction, 3; reporting population within bounds of jurisdiction, 116; total population reported, 7,356,560; date of oldest Board organized, A.D. 1780.

No. Boards organized before 1800, 2; between 1800 and 1810, 2; 1810 and 1820, 2; 1820 and 1830, 2; 1830 and 1840, 6; 1840 and 1850, 7; 1850 and 1860, 23; 1860 and 1870, 30; since 1870, 27; not reporting date of organization, 17.

Method of Selecting Board.—Appointed by medical societies, 1; by city authorities, 96; by election, 13; by President of United States, 1; by Governors, 3. No. of Boards not paid, 62; Secretaries only salaried, 6; Health officers salaried, 9; other officials salaried, 6; in which two or more are salaried, 30.

The composition of the Boards is as follows: Having only medical members, 16; a majority of medical members, 14; a minority of medical members, 50; no medical members, 14.

No. reporting register of births kept, 17; marriages, 10; deaths, 33. No. required to report dates, ages, and causes of death, 33.

Water Supply, Drainage, Paving, etc., of Cities.—No. Boards reporting water works, 72; water supply abundant and pure, 89; underground drainage, 76; paved streets, 76.

Highest and lowest points above sea level.—No. cities having highest point less than 100 feet above, 11; 100 to 500, 34; 500 to 1000, 24; 1000 or more, 3. No. cities having lowest point less than 10 feet above, 19; 10 to 100, 7; 100 to 500, 8; 500 to 1000, 23; 1000 or more, 3.

The Secretary was then called upon to read a report on a Uniform System of Registration of Causes of Death throughout the United States, submitted by Chas. P. Russell, M.D., of New York.

After a preliminary consideration of the

obvious necessity for the establishment of some more complete and uniform system of registration of the causes of mortality throughout the United States, the author proceeded to a detailed consideration of the system of nosology devised and carried out with so much success by Dr. Farr. This classification has received the endorsement of several international statistical congresses; and Dr. Russell thinks undoubtedly possesses, in its practical bearings upon public health, a vast superiority over any other system ever put into operation. It exhibits clearly, and at a glance, the relative prevalence of the same classes of diseases in the greatest imaginable variety of circumstances.

In the first and principal group of this classification are comprised the most formidable diseases with which sanitary science has to grapple, and the investigation of which, with reference to their prevention, modification, or annihilation, has, within a few years, become the subject perhaps of the most momentous importance to the human race, both in a physical and moral sense. These are the epidemic, endemic, parasitic, inoculated, and epizootic disorders, as well as those resulting from the deprivation of sustenance and abuse of drink; all being classed under the general designation *Zymotic*. It is eminently proper that affections of this character should be grouped together, notwithstanding peculiarities which seem to separate them as clearly from one another as from those of different classes. The resemblance in their origin, course, influence, and effect, is of vastly more consequence than the diversity in their individual traits.

Besides the Zymotic disorders, there is, as Dr. Farr expresses it, a legion of diseases never halting, and not so much controlled by external circumstances as sporadic diseases, or ordinary maladies of every day occurrence. These prevail universally; are sometimes due to hereditary taint, sometimes apparently spontaneous, or traceable to a variety of exciting causes more or less insidious; but they are usually regarded as capable of direct propagation. The chief, and most generally fatal, of these are the constitutional disorders, including the tuberculated, scrofulous, and the diathetic.

Next come the great class of Local disorders—affection of special organs—appropriately grouped in distinct systems. In another order are classed the Developmental diseases, or those arising from abnormal action of the formative, reproductive, or nutritive processes.

It is to be presumed, the author says, that objections to certain details of the foregoing classification will occur to some persons; but we believe that in its main features it cannot but prove acceptable to all. We do not maintain that it is absolutely perfect; but its defects become insignificant when we contemplate it as accomplishing its great purpose of throwing light upon the mysterious laws of national disease. This system has long been in vogue in Great Britain, and has been employed in the metropolis of your own country for seven years.

If our accumulations of facts are to have any value, it must be not only on account of their intrinsic truth, but also from their deductions when compared with those of other countries. In this manner, statistics of mortality assume vast importance, and present for our consideration manifold questions of a physical and social character. But putting aside the broad and philosophic view of the importance of mortality statistics, it is obvious that the application of their deductions must be of immense benefit to the physician, merely as a practitioner. This was proved even as long ago as the time of Sydenham, who inculcated the doctrine that the treatment of diseases should have reference not only to the immediate symptoms and to the season, but also to the morbific constitution of the year and the locality. It has been remarked by a distinguished author that "man is not born, does not live, does not suffer, does not die in the same manner on all parts of the earth. Births, life, disease and death, all change with the climate and soil, all are modified by race and nationality."

In conformity, therefore, with these principles enunciated, we urge that your Association should recommend to all organizations or persons having supervision of death returns in cities, towns, or villages of the United States, the adoption, at as early a date as may be expedient (say June 1st, 1874), of forms, classified, of causes of death, with slight modifications.

In conclusion, the author suggested some additions and modifications.

A consideration of this subject involved and called up at once a discussion of the much vexed question of the nomenclature or classification of diseases.

The chair said the paper was deeply interesting, and urged a full and free discussion on the subject, as there was no doubt of the great necessity for a full and intelligent registration. He was of opinion that the existing system was practically useless.

Dr. J. J. Woodward, of the United States army, regretted that the author of the paper

was not present. He felt the necessity for a registration that would be uniform, and therefore apply as well to America as to England. He was under the impression that the nomenclature of the College of Physicians has been adopted by the Registrar General of England, and he was of opinion that it was excellent. He had adopted it because he felt it his duty to do so. There was still another classification in the field, and it was of that he desired most to speak, namely, an American report of classification made at the American Medical Association, which he regarded as not as good as the first one spoken of. There were differences between it and the English, but they were not such as commanded respect. The speaker gave instances of a purely professional and scientific character, showing these differences. What was wanted greatly was a classification of diseases that would bring epidemics into one class. He would rather stick to the old alphabetical arrangement of the names of diseases than to adopt the Philadelphia monstrosity, and he hoped this Association would not adjourn until it adopted some expression of opinion on the subject.

Further discussion of the subject was postponed until the afternoon session, and the Association adjourned until 2½ o'clock, P.M.

AFTERNOON SESSION.

The Association was called to order again at 2½ o'clock, P.M., when the President announced the following names of physicians recommended to the Executive Committee for election to membership: Drs. John A. Murphy and R. D. Mussey, of Cincinnati; Drs. Baker, L. P. Jaynes, and F. H. Davis.

The report of the Committee was adopted, and the gentlemen named were declared members of the Association.

The reading of the papers was then continued, C. C. Cox, M. D., of Washington, D. C., presenting one on the subject of "The Necessity of a National Sanitary Bureau." It was a comprehensive document, following the history of national sanitary movements from the first measures adopted by the Roman Empire to the present time. It also contained many suggestions as to the means of securing the health of the nation, noting the origin and effects of disease in all classes of life, laying particular stress upon ventilation, quarantine, drainage, and sewerage. The scope of the Sanitary Bureau should include mortuary and meteorological statistics.

After some little discussion following the reading of the paper, the following resolution, offered by Dr. Bell, was adopted:

Resolved, That, in the judgment of this Association, the establishment of a "National Sanitary Bureau," with relations to the general Government similar to those of the Bureau of Agriculture and Education, is highly desirable as a means of promoting sanitary science and the protection of public health.

Dr. Woodward resumed his remarks of the forenoon on classification and nomenclature, and offered the following:

Resolved, That in our opinion it is of the utmost importance that a common nomenclature and classification be adopted for the purposes of the registration of deaths and diseases, and especially by all English speaking people.

Resolved, That we regard the nomenclature and classification of diseases proposed by the College of Physicians of London, which has been extensively adopted in Great Britain and the United States, as more likely to be generally adopted for these purposes than any other system yet proposed, and that we hereby recommend its provisional adoption in the United States.

Dr. Snow thought that much could not be gained by differing from from the English classification.

Dr. Jarvis suggested the difficulties arising in the way of a perfect classification, inasmuch as people will not get sick according to science. He thought the idea of including all diseases classified as impossible.

On motion, the first resolution of Dr. Woodward was carried.

After some discussion, the second resolution was also adopted.

Dr. Cox offered the following, which was adopted:

Resolved, That Dr. J. J. Woodward, Dr. E. Jarvis and Dr. E. M. Snow be appointed a committee to communicate the foregoing resolutions to Dr. Simpson, of London, and to negotiate for the representation of this Association in the first decennial revision of the nomenclature.

Dr. Toner offered the following, which was adopted:

Resolved, That the American Public Health Association deems it opportune that an international medical congress be requested to assemble during the American Centennial of 1876, in Philadelphia, to consider and adopt a nomenclature and uniform classification of diseases in registration of deaths throughout the world.

Dr. Rauch offered the following, which was adopted:

Resolved, That Boards of Health be requested to make out their reports on vital statistics for the period beginning in January and ending in December, and not for any financial and municipal year.

The next paper presented was from Dr. Jarvis, mainly made up of statistics showing the effects which public calamities, such as war, famine, etc., have in decreasing the marriage and birth rates.

Dr. Snow offered the following, which was adopted:

Resolved, That the Committee on Registration be

requested to prepare and present to this Association a blank for uniform weekly and monthly reports of mortality in our cities.

Adjourned to meet at 8 o'clock P.M.

EVENING SESSION.

The Association re-assembled at 8 o'clock, and heard an interesting paper read by the Secretary *pro tem.*, Dr. E. H. Janes, of New York, on the horse epizootic, in which the disease was traced throughout its course, commencing in Toronto. The Chairman stated that the facts were derived in pursuance of the directions of the New York Board of Health, and by it transmitted to the Association for its information and use. The course of the epizootic was marked out on a map hung up for inspection during the lecture, and its effects were exhibited by drawings from *post mortem* examinations.

Adjourned to meet at 9 o'clock A.M.

SECOND DAY'S PROCEEDINGS.

The order of reports was resumed at 10 o'clock, in the reading of that prepared by Dr. Elisha Harris, of New York, on "Areas of Sanitary Administration, and the Practical Application of General Laws and Local Ordinances Relating to the Public Health." This paper was read by the President, Dr. Smith, and stated that health laws were proved by experience to be practically useful, acceptable, and well administered, in proportion as the inhabitants of communities are intelligently concerned about the causes for which such laws and regulations have been called into existence. In the United States this truth is practically more important, and has fewer exceptions than in most other countries. All sanitary regulations exercised by Government authorities in confronting the march of cholera proved unavailing, except when communities applied them intelligently. The only real security against the march of disease lies in the intelligent support of the local and general health laws by the local and State authorities. This train of argument was continued in advocating Central Boards of Health.

The second paper of the morning was that prepared and read by Wm. Clendenin, M. D., of Cincinnati, on "The General Causes of Disease."

Drs. Cox, Bell, Jarvis and White spoke in highly commendatory terms of Dr. Clendenin's paper; and Dr. Toner expressed the hope that something would be done by the Association to give it practical effect. The Association then adjourned until 2½ o'clock, to avail themselves of an invitation from the officers of the Cincinnati Hospital to visit that institution. An invitation from the House of Refuge authorities was accepted with thanks.

At the conclusion of the report, Dr. Woodward offered the following resolution, which was adopted:

Resolved, That a committee consisting of Drs. Elisha Harris, Dorman B. Eaton, John Ordronaux, and Stephen Smith, be appointed to consider the best plan for the appointment and organization of National, State and local Boards of Health, and that the discussion of this report be made a special order of business.

THIRD DAY'S PROCEEDINGS.

The Association assembled again at 9 o'clock.

After the transaction of some miscellaneous business, Dr. Toner presented the following resolution:

WHEREAS, It is important that Boards of Health of cities should at all times have as definite information as to the number, condition, and distribution of their population as practicable; and whereas it has been found practicable in other countries to collect such information, approximating correctness, through the aid of circulars properly prepared and distributed, which mode is attended with little if any cost, and can be performed by the ordinary form of the various Boards of Health; therefore be it

Resolved, That local Boards of Health be recommended, whenever practicable, to take a census of their population annually, on the 1st of January, by the instantaneous mode—that is, through the aid of circulars, with blank inquiries upon all points of special interest to vital statistics and sanitary conditions, these blanks to be previously distributed to each family and housekeeper within the city, to be filled up by them at a fixed hour on the same day—the same to be called for on the following day by officers of the Board of Health, or by the police of the city, or by any other method that may be desirable.

After some discussion on minor points, the above was unanimously adopted.

The regular proceedings of the Asspciation were dispensed with at this point, on motion of Dr. Toner, in order that the members and visitors present might hear an address from Professor J. S. Newberry, of Cleveland, on the "Homes of the American People."

Dr. Jarvis followed with some general remarks, closing in offering a resolution as follows:

Resolved, That the thanks of this Association are hereby tendered to Prof. J. S. Newberry, for his able and exceedingly instructive address on the topography, geology, and climatic conditions of the unoccupied Territories of the United States, with reference to their adaptation to the health of the people hereafter to occupy them.

Dr. Toner seconded the above, and further considered the subject of our future population in a brief speech.

The resolution was then adopted unanimously.

ADJOURNMENT.

On motion, it was resolved that when this Association adjourns, it adjourn to meet on the second Wednesday of September next, at Providence, R. I.

Resolutions of thanks were also passed to Dr. Murphy and to the Cincinnati Hospital for handsome receptions; to Dr. Clendenin for his personal attentions; and to the Cincinnati College and Cincinnati Law School for the use of their halls.

The Association then adjourned, to meet as above determined.

DeWITT COUNTY MEDICAL SOCIETY.

The DeWitt County Medical Society met in annual session on the 29th day of April, 1873.

Members present—Drs. J. H. Potter, T. W. Davis, J. H. Tyler, J. Wright, Z. H. Madden, T. K. Edmiston, and Christopher Goodbrake. Also present—Dr. J. J. Starkey, Waynesville, and Dr. W. H. Crothers, Maroa, Macon county.

Dr. Potter, President, in the chair.

Minutes of last meeting read and approved.

On motion of Dr. J. Wright Dr. W. H. Crothers was elected an honorary member of the Society.

Dr. Wright proposed Dr. J. J. Starkey for membership; and the censors having reported favorably in his case, he was, on motion of Dr. Goodbrake, elected a member of the Society.

Election of officers being in order, the following gentlemen were elected for the ensuing year:

President, Dr. J. H. Tyler, DeWitt; Vice-President, Dr. T. W. Davis, Wapella; Secretary, Dr. C. Goodbrake, Clinton; Treasurer, Dr. Z. H. Madden, Clinton; Censors, Dr. W. G. Cochran, Farmer City; Dr. J. H. Potter, Wapella; Dr. J. J. Starkey, Waynesville.

Dr. Tyler, on taking the chair, delivered a short address, which was well received by the members present.

Dr. Thomas W. Davis reported the case of a gentleman in whom very strange symptoms occurred from the administration of an enema consisting of a tablespronful of common table salt in solution.

Dr. Tyler reported three very interesting cases of Cerebro-Spinal Meningitis.

Diseases of the Liver was chosen as the subject for discussion at the next meeting.

The essayists having failed to perform their duties, they were, by order of the President, continued.

On motion of Dr. Goodbrake, the following resolution was unanimously adopted:

Resolved, That the thanks of the Society are due and are hereby tendered to the editors of the *Clinton Public* and *Clinton Register* for kindly publishing notices of meetings of this Society.

On motion of Dr. Wright, the thanks of the Society were tendered to the proprietors of DeWitt Hall for inviting the Society to meet in their splendid room without any pecuniary remuneration.

On motion, the Secretary was ordered to furnish copies of the proceedings of this meeting, for publication in the Chicago Medical journals.

On motion of Dr. Madden, the Society adjourned to meet in quarterly session in Clinton, on the first Tuesday of July next.

C. GOODBRAKE, M. D. *Sec'y.*

Book Reviews.

Civil Malpractice—a Report presented to the Military Tract Medical Society, Jan. 14th, 1873. By M. A. McClelland, M.D. Chicago: W. B. Keen, Cook & Co. Price $2.00.

This report, reprinted from late numbers of the Chicago *Medical Journal*, forms a small volume of 74 pp., substantially bound in cloth. Itconstitutes a brief, concise treatise upon this important and too much neglected subject.

The definitions and decisions, derived from legal sources, are transcribed in full. The quotations from medical works, however, have been abridged as much as possible, the works from which they are derived being more generally accessible to the people.

A Handbook of Medical Electricity. By Herbert Tibbits, M.D., L.R.C.P., with 64 illustrations. Philadelphia: Lindsay & Blakiston. $2.25.

This is a volume of 100 pages, in neat cloth binding. The author claims no especial originality for his work, but only an earnest endeavor to sift the wheat of our existing knowledge from the chaff, and to make his reader as much at home with his electrical as with his other medical instruments; and further, to lead him to estimate electricity at its fair and proved value in therapeutics, as an agent not to be indiscriminately advocated as a panacea, nor, on the other hand, neglected by the inexperienced, but, in appropriate cases, to be regarded as one of the most powerful and serviceable weapons with which we can combat disease.

Original Communications.

SPOTTED FEVER.

BY J. B. WEED, M.D.

READ BEFORE THE CLARK COUNTY MEDICAL SOCIETY, APRIL 2D, 1873.

The so-called spotted fever, according to daily report, is still doing its fearful work in many locations, against all the skill of the profession. The prevalence of the disease as an epidemic indicates the presence of a special cause. What this special cause consists of, like the special cause of all of our epidemics, is not yet known; and we may not be able to determine, with our present means of investigation.

We may know some of the conditions on which the special cause depends for its operation. Any condition ascertained to be constantly *present*, preceding and accompanying the development of the disease, and, as constantly *absent* in persons not attacked, and in locations where the disease does not prevail, may be considered an essential condition, a link without chain of conditions, without which the chain would be broken; the special cause, whatever this may be, become inoperative, and without which the disease could not become developed.

Such essential conditions are looked upon as the causes of disease, according to the extent of our knowledge and remedies directed to their removal in the cure and prevention of disease. It is especially in preventing disease that these remedies are efficacious. These essential conditions refer not only to the condition of the subjects of disease, which are more or less permanent or habitual, but also refer to the more transient physical and mental conditions which are dependent upon the immediate physical surroundings and moral influences.

An essential condition, consisting of a particular state more or less permanent or habitual, is spoken of by the profession as a predisposing cause; and the more transient conditions, dependent upon the immediate physical surroundings and moral influences, as the exciting causes of disease. It is thus we have two classes of causes — the first embracing the pre-existing conditions present, the second embracing the surrounding influences immediately attendant upon the development of the disease, each class being susceptible of subdivision, as our knowledge may extend.

Looking for the predisposing cause of this fatal malady in some condition of the system peculiar to persons in the localities in which the disease prevails, we find one constant peculiarity present in all the cases preceding and accompanying the development of this disease, and also as constantly absent in the locations where the disease does not prevail. The locations where the disease prevails are known as malarial districts, where malarial fevers, chills and fever, have always prevailed, or prevailed the season previous.

In these districts, not only those persons who suffer with chills and fever, but those who do not thus suffer, are affected with a chronic poisoning—a peculiar condition of the system known as malarial cachexia. This cachexia, when not the sequelæ of chills and fever, is a condition which is developed so gradually, the accumulation of the poison so insidious, that the system does not react against it in its effort, with chill and fever, to throw off the poison, but may do so on taking some tonic treatment to strengthen the nervous system, or on removal to some more healthful location.

This cachexia is manifest by the color of the skin, enlargement of the spleen and liver, neuralgia, etc. This condition has been found to consist not only of these derangements, but also of a peculiar condition of the blood—an absence of the normal amount of red corpuscles and the constant presence of a black pigment. This pigment, no doubt, is the debris resulting from the decay of that microscopic plant which has its growth in the system, and is now known as the *ague plant*.

This pigment in the blood accounts for the peculiar color of the skin, the neuralgia, and other nervous phenomena, and also gives a

rational explanation of the well-known effects of remedial agents used in their removal.

This malarial condition is the only abnormal condition yet ascertained to be present in all these persons attacked with spotted fever. This pigmentary condition of the blood probably constitutes the co-operating or predisposing cause of this fearful disease.

The exciting causes appear to be any influence capable of disturbing, depressing, or transiently exhausting some portion of the nervous system, such as fear, anxiety, loss of sleep, fatigue, want of food, exposure to cold, etc. Exposure to extreme cold appears to have been the exciting cause in many cases. Such exposure would have a tendency to exhaust the very centers of the nervous system on which the disease locally manifests itself, the centers of sensation in the spine and base of the brain.

The intensity of the predisposing and the exciting causes, as factors in producing the disease, often bear an inverse relation to each other — a feeble cause exciting the disease in one strongly predisposed, while the gravity of the disease holds a direct relation to both, the special cause being always the same. The phenomena presented in each case has a definite relation to each of the causes producing the disease. The local tendency of the disease is impressed upon it by the special cause, which is the inflammation and exudation in the spine and brain.

In cases in which the predisposing cause is intense (a large amount of malarial poison in the blood), we have manifest malignancy, with the local manifestations absent, or but feebly marked, such cases terminating fatally before the local affection becomes developed. In cases in which the predisposing cause is feeble (small amount of malarial poison in the blood), the reverse takes place; there is an absence of malignancy, and prominence of local and inflammatory symptoms. In these inflammatory cases, the local tendency of the disease kills by destroying the function of the base of the brain which presides over the circulation and respiration.

In cases where both the predisposing and the exciting causes are in high degree of intensity, we have an explosive development of the disease; a dying condition is developed instead of disease. In such cases there is so much poison so suddenly developed in the blood that this vital fluid is so far disorganized as to be unequal to the support of life; or the nervous system receives such a shock that the person is dying from the first.

The locations in which the disease prevails, the subjects it selects for its victims, the diversity of the phenomena presented by the disease, the absence of its prevalence in the centers of large cities, where ague does not prevail, except in imported cases, all point to this malarial condition of the system as the co-operating or predisposing cause of this terrible disease, spotted fever.

Concerning the physical character of the *special* cause we know nothing for a certainty, and, perhaps, had better not indulge in speculation. It no doubt pervades the whole country in its pestilential march westward, but can make its withering influence manifest upon such only as are brought into its deadly grasp by some predisposing condition of their systems; and these it still cannot reach without some accessory influence exciting the causes into action.

We see this exemption illustrated by those who are in a like condition in the afflicted locations, but who, by the systematic regulation of their lives and their sanitary surroundings, avoid the exciting causes.

The same immunity has been observed during the prevalence of the most pestilential visitations of disease in the priests who ministered to the spiritual and temporal wants of the sufferers, and walked amid the pestilence unharmed. These persons had cultivated, systematic habits, disciplined minds — were disconnected from the rest of mankind — were not depressed or exhausted by toil, care, anxiety or grief, and therefore avoided the exciting causes, enjoyed the immunity, and thereby the veneration, of those around them.

The special cause may consist of microscopic vegetable or animal forms, the spores of which float unseen in the atmosphere, from which they are taken into the system, and there finding the essential conditions of

their short lives, soil, food, organic matter—not under the control of the vital forces—become developed in quantities sufficient to produce the disease; this pigment in the blood acting as the soil.

Or, it may consist of some imponderable agency — some of the yet undiscovered forms of electricity which obtains from planetary coincidence—and this, acting on the obsolete organic matter, determines chemical changes, thus disturbing the vital changes, and poisoning the fluids of the system.

The theory of vegetable forms is the more probable, as we know that each kind of vegetation has its definite relation to the different parts of the human organism, by which, when taken into the system, it disturbs the nutrition of the parts for which it has special affinity.

However this may be, what concerns most is its blighting effects. The cure and the prevention of the disease demands our attention. The treatment so far has not been flattering to the profession — unless we take into the account the cases which were imaginary—a large percentage being fatal, and the smallest number in which the treatment can be said to have turned the scale in favor of recovery.

In relation to a proper treatment, a few words will be sufficient. The appropriate remedies should be directed to obviate the danger. In inflammatory cases, in which the local tendency of the disease endangers the extinction of life, a certain amount of depletion will be found beneficial, and this should be adjusted to the degree of inflammatory action, and the danger from the progress of the local affection. Revulsive remedies should also be used locally, such as would act promptly, and with sufficient force to prevent, if possible, the exudation taking place to such an extent as to destroy the function of the parts involved, care being taken not to induce a fatal amount of prostration.

In the malignant cases, in which the danger is from prostration by want of nerve-power from blood-poison, the nervous system should be sustained by tonics and stimulants. The poison should be eliminated and neutralized by depurant and antiseptic medicines. The choice and efficient application of these remedies will depend upon the judgment of the physician, which has been matured by experience in the use of these remedies, while in possession of all the facts of disease.

With the best skill there must be great fatality, the local tendency being to parts the function of which is so absolutely essential to life, and because of the malignancy in the other class of cases.

In view of the fatality, the suffering which medicine will not even palliate, the small number of recoveries, and the infirmities of most of those who do recover, ought we not turn our attention to the prevention of the disease?

If it was the approach of cholera, the supervisors of the public health would be active; vigilant committees be appointed to daily visit private residences, to enforce all the hygienic and dietetic rules known to science; drainage would be perfected; all the disinfectants profusely employed; and all the sanitary regulations, known or imagined, rigidly enforced. This plague, worse than cholera, does not appear to move either the public or professional mind; and why not? Is it because it mostly attacks the humble in the rural districts? Every physician worthy of the calling will use his best efforts for all those for whom he is responsible. The disease *can be prevented by removing the predisposing cause* — by curing this malarial condition. The appropriate remedies will, in a few days, remove this condition, and prevent the possibility of an attack of spotted fever.

REPORT ON COW-POX.

BY J. E. THAYER, M.D., MENASHA, WIS.

By order of the Board of Supervisors of the town of Metomen, Fond du Lac Co., Wis., December 1st, 1871, I was directed to vaccinate and revaccinate the inhabitants of said town.

Acting upon the oft-repeated popular opinion that cow-pox is modified small-pox, I determined on instituting a series of experi-

ments that might result in the development of light touching this subject, upon which a conflicting medical opinion has been rampant since the days of Jenner. Many there are that contend that the primary cow-pox virus is obtained from the cow in a mysterious way. Others assert that the insertion of variolous virus into the cow is subjecting a community to the devastating influence of small-pox; and thus the wail of horror goes up, mingled with groans of the adherents of the bougency stock.

I have investigated this subject for a year past, and have called to my assistance physicians of undoubted integrity, who have witnessed the passage from time to time of the first transmission from the cow of variolous inoculation through the unprotected infant; and the result of my wearisome investigation has led me decidedly in favor of the primary cow-pox being obtained by true variolous inoculation or contact of the bovine tribe with true small-pox, and not from varioloid; failing as I have, in every instance, to transmit the latter disease through the cow. That the cow is susceptible to the contagion of small-pox will hereinafter appear; and in its passage through that animal it is so modified that it becomes non-contagious from one animal to another, consequently resulting in its protective power to the human species.

Not having the acuteness of vision that characterizes the Poughkeepsie Seer, I have failed to see that the humanized virus may not be materially improved by its passage through the cow, and that its continued transmission through the human subject will result in debility of the virus, consequently becoming impregnated with diseases latent in the human system.

Fearing that my remarks may become tedious, I proceed to state that, in the outset of my investigations, I addressed a letter to Prof. E. Andrews, of Chicago, asking him if the primary cow-pox was obtained by the passage of the variolous virus through the cow, to which he replied: "If so obtained, in its passage through the human subject, the constitutional symptoms would be much more severe; but it is a point not yet settled by the profession."

Notwithstanding the adverse opinion and experiments of Ephraim Cutter, M.D., of Woburn, Mass., November 26th, 1859, I proceeded, on the 15th of December, 1871, assisted by P. W. Dingman, Treasurer of said town of Metomen, to insert the same variola virus, obtained through the kindness of Dr. Rogers, of the city of Ripon, into one of three milch cows, stall-fed, standing side by side, and owned by myself, by lifting up a portion of thin skin in four places on the bag and two near the vulva, and passing a bistoury through; and after the flow of blood had ceased, I throughly lodged the half of a variolous scab within the punctured surface.

On the seventh day after inoculation the pulse rose 30 beats above the normal standard, with an indisposition to receive food, but gradually improving in this respect, when, on the fourteenth day, appeared as well as usual, with twenty-six pustules occupying the bag, nose, eyelids, and vulva, well filled with lymph, drying down gradually, with a depression in the center, and scaling off from the twenty-first to the twenty-fifth day.

Case II.—I inoculated another cow with virus obtained from the first animal, with about the same constitutional symptoms as the first, producing a virus that worked in the human subject more agreeably than the first.

Case III.—I obtained a scab of humanized virus from Prof. E. Andrews at the time of the interrogation, a part of which I carried through the system of a calf, producing a virus that worked in the human system with more vigor and certainty than the remainder of the same scab.

Case IV.—I placed several scabs from a purely variolous subject upon a piece of smooth siding, under the nose of a young heifer, applying heat underneath until the fumes thoroughly permeated the nostrils, which produced in the animal the same disease, with corresponding constitutional results as appeared in the first cow inoculated, which

virus was used by myself and others for the vaccination of the human subject.

CASE V.—The introduction of equal parts of cow-pox virus and small-pox virus produced about the same symptoms in the animal, and resulted in the production of about the same amount of virus, which worked as agreeably in the human system as any of the above forms.

My investigations have continued from time to time for the period of one year, using in that time twenty-one animals. And in support of the foregoing investigations, and consequent views thereof, I cite the readers of THE EXAMINER to the following authorities:

First.—Wood's Practice of Medicine, 1st volume, page 406.

Second.—To a report of a committee appointed by the American Medical Association, in which they state: "Knowing as we do that small-pox and cow-pox are in reality the same disease, the latter being merely deprived of its virulence by having previously passed through the system of the cow."—*Med. Examiner for April*, 1865.

Third.—A paper read by Mr. Seanoix before the Academy of Medicine, Paris, in which he says: "The revaccination with animal matter succeeds more frequently than with matter obtained from human beings; that vaccinations with heifer matter is extremely easy; and that such inoculations are highly useful in epidemics of small-pox, as large supplies of vaccine matter may rapidly be sent to ex-extensive tracts of country."—*Lon. Lancet.*

Fourth.—"By many persons cow-pox is believed to be nothing more than a modification of small-pox, which is a disease that will certainly affect the cow. Cloths have been taken from patients laboring under small-pox and laid on cows, and they have had the disease called cow-pox."—*Study of Medicine, by John Mason Good, page* 617.

In connection with the foregoing authorities I might refer to Drs. Elliotson and Thompson, of the Royal Public Dispensary of Edinburgh, or Woodville of the Small-Pox Hospital of London; but enough has been said touching this point.

EFFECTS OF COW-POX RESULTING FROM VARIOLOUS TRANSMISSION UPON THE HUMAN SYSTEM.

On the fourteenth day of the disease of the first cow inoculated, I vaccinated my child, then two years old. The constitutional symptoms were much more severe than those resulting from humanized virus. From the eighth to the twelfth day sixteen pustules made their appearance, which filled and passed through the regular stages in a highly satisfactory manner. During the disease in my child I induced the presence of four children about the same age, at different times, and brought them in close proximity, to detemine its contagion; and after becoming fully satisfied of the non-contagion, on the twentieth day I vaccinated the four children with the virus obtained from my child.

Dr. Rogers, of the city of Ripon, visited my child, and several other cases, at different times, for the purpose of arriving at a just conclusion, and after becoming so convinced, used the virus in his practice with good satisfaction. I furnished quite a number of physicians with the virus thus originating, with perfect satisfaction to themselves and patients. Drs. Searles and Frost, of the city of Wausan, an extensive lumbering district, were then engaged in a wide-spread epidemic of small-pox, where some forty cases existed, and the spread of which was controlled to their entire satisfaction by the use of this matter.

I vaccinated, under the order of the Board of Supervisors, 957 persons, with gratifying results, out of which number were 406 revaccinations, the latter passing through the several stages with about the same severity as humanized virus does with the unprotected.

Method of Insertion.—First, By simple scarification in three different places on each arm, and applying the virus previously moistened with water, on glass.

Second, By saturating a thread in the moistened virus, and, with a surgeon's needle, drawing it under the skin in three or four places.

Third, By the use of the impregnated

quill; but my investigations led me to favor the scarification process.

Mode of Preserving.—Acting under the suggestion of Prof. E. Andrews, in an article of some years since, I immersed the scabs in pure glycerine, well corked, and kept in a cool place, using the last about a month since, fourteen months after they were taken from the cows, with as active and satisfactory results as when first obtained.

Another fact in connection with my investigations worthy of note, was the existence of a wide-spread epidemic of scarlatina; and, upon the appearance of the vaccine disease, this epidemic rapidly disappeared. I was called at several different times to visit cases of scarlatina in private families of five or six children, unprotected, and vaccinating the remaining ones, without a single attack of the fever in those vaccinated. In three cases I vaccinated, while under the premonitory symptoms, and the disease passed through its regular stages quite mildly, when on the fourteenth day the vaccine disease sprang up from its dormant condition, without any previous symptoms, and worked very kindly.

How far, and to what extent vaccination will protect the system against this disease I am unable to say.

Horehound in Coughs of Children.—Horehound, the herb of *Marrubrium Vulgare*, is an old remedy, and it is doubtful if we have any other that surpasses it as a remedy for the winter and spring coughs children are so much subject to. It has a decided soothing influence on the laryngeal and pneumogastric nerves. A strong decoction of the herb, sweetened with honey, makes an excellent cough remedy which children seldom refuse, and it cures their coughs without much delay. — *St. Louis Medical Archives.*

Digitalis in the Dropsies and Nephritic Diseases of Children.— Dr. Cooper, of Indianapolis, claims for digitalis a specific action in curing the dropsies and other nephritic complications, arising as a sequel from scarlatina. He gives several cases where ascites, anasarca, albuminuria and emaciation rapidly disappeared immediately after the patient was put on small doses of tinct. of digitalis; without any other treatment the cases recovered perfectly.— *St. Louis Medical Archives.*

Gelsemium in Gynæcology.— Dr. H. V. Ferrell, Carbondale, Ill., writes to the *Clinic*, that two doses of gelsemium, of ten drops each, entirely relieved the excessive irritability of the uterus in a case of endometritis, and the os, which was, before the admistration of gelsemium, rigid and contracted, dilated. Another case — suppression of lochia, and retention of part of the placenta — the result of the stupidity of a midwife. "Present condition of the patient alarming; in which, on examination, the os was found firmly contracted, and hardly admitted the end of the index finger. The patient was treated with gelsemium and belladonna, and in twelve hours the os dilated so as to admit two fingers, and permit the extraction of the retained placenta, etc., when the patient recovered without further trouble.

Gelsemium (in five drops every hour, in water, till relief is obtained, and then at longer intervals) has relieved after-pains in very severe cases. Dr. Shaw, of Guthrie, Iowa, claims to have had the best results from gelsemium in the treatment of uterine leucorrhœa, and Dr. Mobsworth, of DesMoines, places more reliance in it for the successful treatment of chronic dysmenorrhœa than in any other remedy. Both these gentlemen say its good effects in these affections are frequently as prompt and decided as is quinia in intermittents.— *St. Louis Medical Archives.*

Morphia as a Parturient.— The *Pacific Medical and Surgical Journal* comments on a case reported in the *Clinic* by Dr. Urmoston, of Ill., in which a dose of morphia administered for the purpose of checking what he supposed to be "false pains" really induced a rapid dilation of the os, and a speedy delivery. Dr. Urmoston attributed the promptness of the morphia in this case to its effects in removing a rheumatic state of the uterus. The *Pacific Journal* comments in the following language. "In a slow and painful labor, with little disposition to relaxation of the os uteri, a large dose of morphia will almost invariably prove an active parturifacient. It relieves the pain, and while it appears to arrest labor, relaxation takes place, and the child steals a march on the accoucheur.

The next Annual Meeting of the North-Eastern Indiana Medical Society will be held at Kendallville, on Tuesday, June 3, 1873, at 10 o'clock A. M. Public address at 8 o'clock P. M., by T. A. McGraw, of Detroit.

J. L. GILBERT, Secretary.

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, June 1st, 1873.

EDITORIAL.

ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION IN ST. LOUIS, MAY, 1873.

The Association commenced its twenty-fourth annual session, in the Masonic Hall, St. Louis, at 11 o'clock A.M., May 6th, 1873. The retiring President, Dr. D. W. Yandell, of Louisville, Kentucky, introduced the Rev. Dr. Nichols, who opened the exercises with an appropriate prayer. Dr. John S. Moore, in behalf of the profession of St. Louis, cordially welcomed the members of the Association to the hospitalities of the city, and tendered free access to whatever could be found of medical interest in her schools, hospitals, and charitable institutions.

Dr. J. B. Johnson, Chairman of the Committee of Arrangements, after a few appropriate words of welcome, presented the report of the Committee in regard to the names of members registered, the invitations to various places of interest and entertainment, and the hours for holding the daily sessions. The recommendations of the Committee were adopted.

Dr. D. W. Yandell then introduced the President of the Association for 1873, Dr. Thomas M. Logan, of Sacramento, California. Dr. Logan, on taking the chair, presented his inaugural address, in which he presented and discussed several topics of importance, and was listened to with marked attention. It was much too long, however, occupying more than one hour and a half in the reading.

A motion was made, and adopted, tendering the thanks of the Association, and asking a copy for publication.

The President then appointed the Committee on Ethics, as follows: Drs. N. S. Davis, R. L. Howard, H. F. Askew, D. W. Yandell, and J. M. Toner, to which was referred such applications for membership as the Committee of Arrangements did not feel authorized to decide. The list of Special Committees was then called, and such reports and papers as were announced in readiness were referred to the appropriate Sections.

The morning session was then closed.

At 3 o'clock P. M., the Section on Surgery, and the one on Practical Medicine and Obstetrics, met and proceeded to business. Both were well attended, and were occupied in the consideration of topics of interest until 5 P.M. Owing to some imperfection in the arrangements for rooms, the other Sections accomplished but little. In the evening, the members, with their ladies and many citizens, enjoyed a very pleasant musical soiree in the hall of the Mercantile Library.

SECOND DAY'S PROCEEDINGS.

The Association was called to order at 9 o'clock, A. M., Dr. Logan in the chair.

The President recommended that each State appoint a delegate to represent them in the Committee on Nominations. The roll was called, and the following gentlemen named by their delegations respectively:

Arkansas, A. L. Brysacker; Alabama, G. Moses; Connecticut, W. A. Wainwright; District of Columbia, F. Howard; Georgia, J. P. Logan; Illinois, H. A. Johnson; Indiana, W. H. Meyers; Iowa, A. M. Carpenter; Kansas, D. W. Stormont; Kentucky, R. H. Gale; Maine, A. Gardlow; Maryland, S. P. Smith; Massachusetts, L. F. Warner; Delaware, H. F. Askew; Michigan, W. Brodie; Minnesota, A. B. Stewart; Missouri, J. B. Johnson; Mississippi, J. W. M. Shattuck; New Hampshire, E. F. McQuesten; New Jersey, S. Lilley; New York, H. W. Dean; North Carolina, R. J. Hicks; Ohio, A. Dunlap; Pennsylvania, W. J. Asdale; Rhode Island, L. Morton; Tennessee, W. T. Briggs; Texas, D. R. Wallace; Virginia, T. D. Cunningham; West Virginia, G. Baird; Wisconsin, E. P. Russell; United States Army, B. A. Clement; United States Navy, E. Eversfield.

Dr. J. B. Johnson, Chairman of the Committee of Arrangements, recommended, among others, the following gentlemen for membership: Drs. Wm. Vansant, J. W. Hollowbush, John Shore, B. Y. Edwards, St. Louis county; Daniel Lichty, Illinois; G. L. Pope, Arcadia, Illinois; Dr. Grimes, Kentucky; Edward Blakesly, Iowa.

Dr. E. L. Howard, of Baltimore, Chairman of the Special Committee, to whom had been referred the subject of a better organization of the Sections at the previous annual meeting, made a report, recommending the reorganization of Sections, as follows:

1st. Practice of Medicine, Materia Medica, and Physiology.

2d. Obstetrics, and Diseases of Women and Children.

3d. Surgery and Anatomy.

4th. Medical Jurisprudence, Chemistry, and Psychology.

5th. State Medicine and Public Hygiene.

The Committee also recommended that the Chairman of each Section be requested annually to deliver an address to the General Sessions, on the topics properly embraced in the Section over which he presides; and that the Standing Committees on Medical Education, Medical Literature and Climatology and Epidemics be abolished.

The same Committee further recommended that the Committee on Ethics be increased to nine members, and that the same be nominated by the Nominating Committee.

On motion of Dr. N. S. Davis, so much of the report of the Committee as related to the reorganization of the Sections was adopted.

On motion of Dr. J. R. Brenson, that part of the report in relation to Addresses by the Chairman of the Sections, and the omission of certain Standing Committees, was also adopted.

For that recommendation of the Committee relating to the appointment of a Committee on Ethics, Dr. N. S. Davis, moved the following by-law as a substitute, which was adopted:

XI—JUDICIAL COUNCIL.

A Council, consisting of twenty-one members, shall be appointed by the Nominating Committee, whose duty it shall be to take cognizance of and decide all questions of an ethical or judicial character that may arise in connection with the Association. Of the twenty-one members of the Council first appointed, the seven first named in the list shall hold office one year, and the second seven named shall hold office two years. With these exceptions, the term of office of members of the Council shall be three years, seven being appointed by the Nominating Committee annually.

The said Council shall organize by choosing a President and Secretary, and shall keep a permanent record of its proceedings. The decisions of said Council on all matters referred to it by the Association shall be final, and shall be reported to the Association at the earliest practical moment.

All questions of a personal character, including complaints and protests, and all questions on credentials, shall be referred at once—after the report of the Committee of Arrangements, or other presentation—to the Judicial Council, and without discussion.

Dr. Woodward, of the U. S. A., presented a communication concerning the injustice of the present regulations in regard to the rank of Surgeons and Assistant Surgeons in the army, and asked the aid of the Association in procuring such action of Congress as would remedy the evil. On motion of Dr. J. M. Keller, of Louisville, the communication was ordered on file, and a committee of five, appointed to memorialize Congress in behalf of the objects set forth therin.

The Secretary read the following appointments made by the President to represent the American Medical Association to the British Medical Association: Drs. F. G. Smith, C. Wister, J. S. Cohen, of Philadelphia; Dr. E. Warren, of Baltimore; Dr. C. L. Ives, of New Haven; Dr. Edward Montgomery, of St. Louis, and Drs. F. Barker, E. Seguin and J. C. Hutchison, of New York.

The Secretary stated that commissions for these gentlemen would be made out at once.

Dr. Johnson, of St. Louis, Chairman of the Nominating Committee, made the following partial report:

Your committee suggest the following gentlemen for the various offices named:

President, Dr. J. M. Toner, District of Columbia; *First Vice President*, W. Y. Gadbury, of Mississippi; *Second Vice President*, J. M. Keller, of Kentucky; *Third Vice President*, W. C. Husted, of Missouri; *Fourth Vice President*, L. D. Warner, of Massachusetts; *Treasurer*, Dr. Casper Wistar, of Philadelphia; *Librarian*, Wm. Lee; *Committee on Libraries*, Johnson Elliott; *Secretary*, Theo. A. McGraw; *Committee on Arrangements*, Dr. Brodie, Chairman; James A. Brown, Morse Stewart, J. F. Noyes, E. W. Jenks, Henry F. Lyster, D. O. Farrand, Eugene Smith, all of Detroit; *Committee on Prize Essays*, Drs. J. K. Johnson, A. Sager, H. Hitchcock, of Detroit; E. Andrews, Illinois; E. S. Gallard, Kentucky; *Committee on Publications*, Drs. F. G. Smith, W. B. Atkinson, D. Morrey Chester, of Pennsylvania; Wm. Lee, District of Columbia; Casper Westar, Pennsylvania; H. F. Askew, Delaware; Alfred Stilli, Pennsylvania.

Detroit was named for the next annual meeting of the Association.

The report was adopted.

Reports from the Standing Committees on Medical Education and Medical Literature were read and referred to the Committee of Publication.

Dr. John S. Moore, Chairman of the Committee on Prize Essays, reported that only one essay had been received by the Committee, and though containing much that was of interest and value, yet it was not possessed of that high order of merit which would justify the award of a premium.

The annual reports of the Committee of Publication and of the Treasurer were read and referred to the Committee of Publication.

Dr. J. M. Toner, of Washington, presented interesting statistical tables in reference to

Medical Societies and Public Hospitals in the United States, which were received and referred to the Committee of Publication.

Dr. F. W. Peck, of Davenport, Iowa, offerred the following preamble and resolution:

In view of the fact that the reports of Surgeon General of the United States Army, as exhibited in volumes one and two of the first part of the Medical and Surgical History of the War of the Rebellion, have received a too limited circulation by reason of an insufficient issue of the same by Congress, therefore

Resolved, That the President and Secretary of this Association be directed to petition Congress at the next session in behalf of the profession, asking that the edition recently issued be reproduced in sufficient number to permit of general distribution to the members of the profession throughout the country.

Resolved, That the thanks of this Association are due and are hereby tendered Congress for aiding thus far in developing and presenting to the profession reports of the Surgeon-General, as herein specified.

Resolved, That the thanks of this Association are hereby tendered the officers of the United States army who have, by sacrifice and labor, been instrumental in placing before the profession the valuable information contained in volumes one and two of the first part of the Medical and Surgical History of the War of the Rebellion.

Carried unanimously.

On motion the Association adjourned.

THIRD DAY'S SESSION.

The members were called to order at 9 o'clock, A. M., the President, Dr. Thomas M. Logan, in the chair.

The Permanent Secretary presented the Report of the majority of the Committee on the Nomenclature of Diseases, with resolutions appended asking for its adoption.

Dr. J. J. Woodward, of the U. S. A., opposed the adoption of the nomenclature proposed by the Committee, and offered the following resolutions as a substitute for those just read by the Secretary, and they were adopted by the Association:

Resolved, That in the opinion of this Convention it is inexpedient to adopt the nomenclature and classification presented by the majority of the Committee on Nomenclature at the meeting in Philadelphia.

Resolved, That a committee of three be appointed by the President, whose duty it shall be to communicate the foregoing resolution to the proper Committee of the Royal College of Physicians of London, and to negotiate for the representation of the American Medical Association in the first decennial revision of their nomenclature.

The Committee on Nominations, to whom was referred the subject of permanent membership, reported through their Chairman, Dr. J. B. Johnson, the following names for admission to the association:

Edwin Stewart, Mendon, Michigan; G. L. Polk, Aeola, Illinois; T. W. Hollowbush. Warsaw, Illinois; John Shore, St. Louis; Wm, Van Zant, St. Louis; Daniel Lichty, Rochelle, Illinois; B. F. Edwards, Kirkwood, Missouri; L. A. Grimes, Lewis county, Missouri; C. W. Crary, St. Louis; L. T. Newman, St. Louis; George F. Center, Olney, Illinois; Drs. R. J. Mitchell, Lewis Wilcox, R. J. Allmond, W. C. Day, R. T. Cowan, and Edwin Blakesley, all of Illinois; John E. Faber, St. Louis; Dr. Randall, Illinois; Dr. Vinnedge, Lafayette, Indiana; Charles N. F. Ludwig, St. Louis.

On motion, the report was adopted.

Dr. Toner, of the District of Columbia, presented the following resolution in regard to an International Medical Congress:

Resolved, That in the opinion of this Association it would be an excellent opportunity, at the American Centennial, in 1876, for an International Medical Congress to consider, and, if practicable, to adopt, a uniform classification and nomenclature of diseases, to be used by the profession throughout the world.

The Committee on Ethics for the Session of 1872 reported the following items of unfinished business:

The Committee on Ethics, of 1872, report in relation to the case of Paluel de Maimen, against whose admission as a delegate in meeting at Philadelphia, last year, a protest was entered, as follows:

Dr. de Maimen held credentials as a regular delegate from the Westchester County Medical Society in New York, to the meeting of the Association in 1872. But at that meeting a protest against his admission was made, on the ground that he was on trial for unprofessional conduct in his local Society. The subject was referred to this Committee at so late a period of the meeting that it could not then be acted upon. From the evidence recently presented to our Committee, it appears that the trial of Dr. de Maimen is still unfinished in the Westchester County Medical Society; that said Society has formally withdrawn his credentials as delegate to this Association, and consequently no present action in the matter is required by this Association.

Adopted.

At a meeting of the Association in Philadelphia, May, 1872, objections were made to the admission of delegates from the Pathological Society of Berks county, Pennsylvania, on the ground of non-professional conduct on the part of many of the members of that Society. Time not permitting a full hearing of the case during that meeting of the Association, a report on it was postponed until the next meeting of the Association. In the meantime the accused parties were duly notified of the charges, and requested to make answer thereto. After a full investigation of the case, your Committee on Ethics, appointed

in 1872, declare a sufficient number of the charges sustained to justify the recommendation that the said Society be not allowed a representation in this Association.

Adopted.

Dr. N. S. Davis, Chairman of the Special Committee appointed to consider the proposition to attach to the office of Permanent Secretary an annual salary of $1,000, reported adversely to the proposition, and the report was adopted.

Dr. Kellar, of Louisville, Kentucky, submitted the following resolution as a substitute for the former one:

Resolved, That the sum of $500 be appropriated as an honorarium for the services of the Permanent Secretary during the present year, provided such an amount remains in the treasury after paying necessary expenses,

Adopted.

Dr. Bell, of Brooklyn, New York, offered the following resolutions:

Resolved, That in the judgment of this Association the establishment of a National Sanitary Bureau, with relations to the General Government, similar to those of the Bureaus of Agriculture and Education, is highly desirable as a means of promoting sanitary science and protection of the public health.

Resolved, That this Association request of the United States Educational Bureau to so extend the scope of its inquiry as to include vital diseases and mortuary statistics in relation to local, meteorological and geological influences, and to disseminate the information so collected throughout the country.

The resolutions of Dr. Bell, were, on motion, referred to the Committee on State Medicine and Public Hygiene.

Dr. Pollock, of Pittsburg, read the following report:

The Committee appointed by the President, at the last meeting of the Association, to take into consideration the propriety of adopting the suggestions of the Committee on Medical Education, are fully impressed with the importance of the subject, and acknowledge the value of the suggestions offered. But we believe it wholly impracticable to carry into operation any law which does not meet the hearty approval of diverse interests connected with the teaching and practice of medicine; and while we have no doubt that this Association has grown to be a power in the profession, felt and recognized by all, yet, to make this power effective, its decisions should be calm and deliberate. Therefore, your Committee, after due deliberation, have concluded to recommend the adoption of the conclusion of the report of the Committee on Medical Education, which is as follows: That a Congress, composed of two members from each State and Territory, and one from each recognized medical college, all to be members of this Association, be appointed (or nominated by the Nominating Committee) at this present session. That said Committee, or Congress, shall meet three days previous at our next annual meeting, and that said Committee, or Congress, shall perfect a plan for some uniform system of medical teaching, which, when adopted by the Association; shall be the only recognized method of medical teaching in the United States.

This report led to a somewhat lengthy and animated discussion. First it was adopted, by a close vote; then a motion was made to reconsider the vote, which was done. Then a motion was made to lay it on the table; then that motion was withdrawn.

Dr. Kellar, who had seconded the motion to lay it on the table, contended that the gentleman who made the motion had no right to withdraw it without consent of the second. He did not consent, but insisted on the motion to lay the report on the table. The motion was put by the Chair and the report laid on the table by the Convention.

Dr. N. S. Davis, of Chicago, Chairman of the Committee appointed to devise and recommend some plan for securing a more complete report of the doings in the several Sections of the Association, respectfully reports the following resolutions, and recommends their adoption:

Resolved, 1. That the Committee of Arrangements for each Annual Meeting of the Association are instructed to secure the services of a sufficient number of stenographic reporters to have one in attendance on the Regular Session of each of the Sections in the afternoon as well as during the General Morning Sessions; that the Reports thus obtained be printed the same evening on slips or proof-sheets, in sufficient number to supply all the members of the Association in attendance early the following morning.

Resolved, 2. That the necessary expenses incurred in carrying into effect the foregoing resolution shall be paid from the Treasury of the Association in the same manner as other bills relating to the publication of the transactions.

Resolved, 3. That the Acting Secretary of each Section shall keep a file of so much of the Reports as relate to the business of the Section to which he belongs; and it shall be his duty to revise the same, carefully eliminating therefrom all that is unimportant, and arranging that which is found valuable and pertinent in proper form, he shall transmit the same to the Permanent Secretary, for the Committee of Publication, within twenty days after the adjournment of each Annual Session of the Association.

The report was adopted.

Dr. E. L. Howard offered the following resolution:

Resolved, That the Chairmen of the various Sections shall have free scope in the selection of subjects for addresses.

Adopted.

On motion of the Permanent Secretary, it

was ordered that the next annual meeting convene in Detroit on the first Tuesday in June, 1874.

The Committee on Nominations, submitted the following Report, which was adopted:

CHAIRMEN AND SECRETARIES FOR 1874.

1. Practice of Medicine, Materia Medica and Physiology—Dr. N. S. Davis, of Chicago, Chairman, and Dr. Frothingham, of Ann Arbor, Michigan, Secretary.

2. Obstetrics, and Diseases of Women and Children—Dr. Theo. Parvin, of Indianapolis, Chairman, and Dr. Montrose A. Pallen, of St. Louis, Secretary.

3. Surgery and Anatomy—Dr. S. D. Gross, of Philadelphia, Chairman, and Dr. Alonzo Garcilon, of Maine, Secretary.

4. Medical Jurisprudence, Chemistry and Psychology — Dr. A. N. Talley, of South Carolina, Chairman, and Dr. E. L. Howard, of Maryland, Secretary.

State and Public Hygiene—Dr. A. N. Bell, of Brooklyn, Chairman, and Dr. A. B. Stuart, of Winona, Minnesota, Secretary; F. A. Ross, Alabama; D. A. Linthicum, Arkansas; T. M. Logan, California; R. G. Buckingham, Colorado; B. H. Catlin, Connecticut; L. P. Bush, Delaware; F. Howard, District of Columbia; N. F. Westmoreland, Georgia; H. A. Johnson, Illinois; J. F. Hibberd, Indiana; J. J. Angear, Iowa; D. W. Stormont, Kansas; L. Rodgers, Kentucky; S. Fitch, Maine; James Stewart, Maine; H. J. Bowditch, Massachusetts; R. C. Kedzie, Michigan; A. B. Stuart, Minnesota; J. W. M. Shattuck, Mississippi; John M. Hodgen, Missouri; J. H. Parsons, New Hampshire; E. M. Hunt, New Jersey; A. N. Bell, New York; U. A. B. Norcon, North Carolina; Wm. Clendenin, Ohio; A. M. Pollock, Pennsylvania; G. M. Lenore, Rock Island; R. A. Kenlock, South Carolina; W. K. Briggs, Tennessee; D. R. Wallace, Texas; J. L. Caball, Virginia; James Bromfield, West Virginia; H. B. Strong, Wisconsin; A. F. Woodward, Vermont; S. M. Bemis, Louisiana.

Resolved, That the Secretary of the Association be authorized to fill up all vacancies in the Committee from the States and Territories. Also, that Dr. A. N. Bell be President, and Dr. A. B. Stuart Secretary.

COMMITTEE ON NECROLOGY.

Chairman, Dr. A. Sager, Ann Arbor, Michigan, and Committee, remain as last year, excepting Dr. Alonzo Garcilon, of Maine, in place of Dr. D. McReese, deceased; Dr. W. McCabe, Kansas; J. W. H. Baker, Iowa; J. H. Wheeler, New Hampshire; —— Milligan, Minnesota; W. M. Chambers, Illinois; G. Sutton, Indiana; A. J. Lands, Georgia; B. A. Vaugh, Mississippi; George Mitchell, Ohio; J. J. Woodward, U. S. A.; N. M. Dodson, Wisconsin; L. B. Yandell, Sen., Kentucky.

JUDICIAL COMMITTEE.

Three years—Drs. Brodie, Michigan; N. S. Davis, Illinois; E. L. Howard, Maryland; Wm. O'Baldwin, Alabama; Dr. Dean, New York; J. P. Logan, Georgia.

Two years—L. S. Joynes, Virginia; R. N. Todd, Indiana; Askew, Delaware; J. E. Morgan, District of Columbia; Daniel Lillie, New Jersey; S. M. Benham, Pennsylvania; Dr. Dunlap, Connecticut.

One year—Drs. Bartlett, Wisconsin; Powell, Illinois; Gale, Kentucky; Moses, Missouri; Hughes, Iowa; Bemnis, Louisiana; Cheever, Massachusetts.

The Committee appointed to memorialize Congress in relation to the rule of promotion and rank of Medical Officers of the United States Army, was announced as follows:

Drs. J. M. Keller, of Louisville; H. F. Askew, of Wilmington, Delaware; J. M. Toner, of Washington; Murphy, of Cincinnati, and N. S. Davis, of Chicago.

On motion, the Association adjourned.

FOURTH DAY'S SESSION.

The delgates and members were called to order at 9½ A. M., the President, Dr. Logan, in the chair.

A resolution was passed that Dr. W. F. Peck, of Davenport, Iowa, be appointed a committee to report upon the treatment of injuries from railroad accidents.

The majority of the Committee on Ethics, through Dr. Davis, reported as follows on the protest of the St. Louis Medical Society against the registration of Dr. Adam Hammer, of St. Louis, as a permanent member of the American Medical Association:

That after due investigation and the hearing of both parties it appears that about one year since Dr. Adam Hammer was regularly arraigned and tried by the St. Louis Medical Society, of which he was a member, on the charge of violating the code of ethics. After an apparently full investigation he was declared guilty of the charges, and at a subsequent meeting he was suspended from membership for five years, or until reinstated by a vote of the Society. From this decision of the Society the suspended member appealed to a civil court for legal process to compel the Society to reinstate him. The Judge of the court decided that the charter of the Society gave it no authority to take cognizance of any personal assaults or

controversies between its members, and issued, a peremptory *mandamus* requiring the Society to rescind its vote suspending Dr. Hammer, and to restore him to his rights of membership. Under this compulsory legal restoration to membership in the St. Louis Medical Society, Dr. Hammer claims the right to be registered as a permanent member at this meeting of the Association. After due consideration, it appears clear to a majority of the members of your Committee that the *mandamus* of the civil court has no other effect than simply to prevent the St. Louis Medical Society from enforcing any penalty against one of its convicted members, and does not in any degree affect the fact that he still stands convicted of having violated an important provision in the code of ethics. The constitution of this Association, in the clause defining who shall be *permanent members*, states "that permanent members shall consist of all those who have served in the capacity of delegates, and of such other members as may receive the appointment by unanimous vote, and shall continue such so long as they remain in good standing in the body from which they were sent as delegates."

Inasmuch as Dr. Hammer still stands convicted of a violation of the code of ethics by the St. Louis Medical Society, and said Society is restrained from inflicting the penalty it has adjudged proper for the offense, solely by the interference of a civil court, it cannot be claimed that he now remains in *good standing* in that Society.

Therefore your Committee is of the opinion that Dr. Hammer ought not to be received as a permanent member of this Association at its present meeting.

Signed by Drs. N. S. Davis, H. F. Askew, and D. W. Yandell.

Dr. E. Loy Howard made the following minority report:

The undersigned reluctantly dissents from the Report of the majority of the Committee on Ethics in the case of Dr. Hammer on the following grounds:

The only question before the Committee is, shall Dr. Hammer be permitted to register as a permanent member?

The constitution of this Association says, "The permanent members shall consist of all those who have served in the capacity of delegates, and of such other members as may receive the appointment by unanimous vote, and shall continue such so long as they remain in good standing in the body from which they were sent as delegates, and comply with the requirements of the by-laws of the Association."

It appears that Dr. Hammer is still a member of the St. Louis Medical Society, with all the rights and privileges of any other member of that body. The undersigned holds that the Committee have no right to examine the case beyond this record.

Resolved, That the name of Dr. Hammer be ordered entered as a permanent member of the Association.

Dr. Hammer maintained that, being accused, he was entitled to a hearing; but he was cut off by the "previous question," when the majority report was adopted by a large vote.

Dr. Frederick Horner, Jr., of Virginia, a surgeon in the United States Navy, presented the following resolution, with a strong appeal in favor of temperance:

Resolved, That in view of the alarming prevalence and ill effects of intemperance, with which none are so familiar as members of the medical profession, and which have called forth from eminent English physicians the voice of warning to the people of Great Britain, concerning the use of alcoholic beverages, that we, the undersigned members of the medical profession of the United States, unite in the declaration that we believe alcohol should be classed with other powerful drugs; that when prescribed medicinally it should be done with conscientious caution and a sense of great responsibility.

Resolved, We are of opinion that the use of alcoholic liquors as a beverage is productive of a large amount of physical and mental diseases; that it entails diseased appetites and enfeebled constitutions upon offspring; and that it is the cause of a large percentage of the crime and pauperism of our cities and country.

Resolved, That we would welcome any change in public sentiment that would confine the use of intoxicating liquors to the uses of science, art, and medicine.

Without debate, these resolutions were referred to the Committee on Public Hygiene and State Medicine.

The Nominating Committee made the following report finally:

The Committee recommend that the nomination of the Committee from the thirteen original States be deferred to the next annual meeting of the Association.

The Committee request the Convention to reconsider its action in the appointment of Dr. Myers, of Indiana, as a member of the Committee on Hygiene and State Medicine; and that the name of Dr. James F. Hibbard, of Indiana, be substituted.

The Committee also nominate Dr. W. O. Smith of Newport, Ky., as Chairman of a Special Committee on Perpetual Fever.

The report was adopted.

After the usual reports from the several Sections, the adoption of the customary complimentary resolutions, and some remarks from the President, the Association adjourned *sine die*.

Original Communications.

CHRONIC CEREBRO-SPINAL MENINGITIS.

I desire to call your attention to a class of cases of cerebro-spinal disease, concerning which I have seen little or nothing in our medical literature. The cases alluded to may be regarded as sequelæ of cerebro-spinal meningitis. It has been observed, both in my own practice and that of others with whom I have consulted, that many of the cases of the disease just named exhibited a strong tendency to be protracted in a chronic form; or, more properly, when the acute symptoms had all disappeared, and convalescence was apparently complete, the patients did not progress in the recovery of their former flesh and strength; on the contrary, they remained pale, cool, progressively emaciating, frequently tortured with neuralgic pains, and incapable of steadiness of muscular action or of locomotion in the upright position.

After the first three or four weeks the appetite often became good, the urinary secretion apparently natural, and the bowels nearly regular; but the atrophy or emaciation continued; the hearing often remained dull; the pupils large; with morbid sensations in various parts, varying from mere creeping or formication to acute pains and momentary cramps. The latter are much the most frequent in the calves of the legs, the epigastrium, the head, neck and arms. But the most remarkable symptoms are those connected with attempts at co-ordination or progressive muscular motion in the upright position. There is no paralysis, for while in a horizontal position every voluntary muscle will respond to the mandate of the will. But the moment the patient assumes the upright position there is an unnatural feeling of giddiness or confusion in the head, with an imperfect control of the voluntary muscular system, varying in degree, in different cases, from a mere unsteady or staggering gait to such a complete tremor as to prevent the upright position altogether. I have now under my care, in the Mercy Hospital, a young woman who was attacked severely with cerebro-spinal meningitis three weeks since. At the end of two weeks all the active symptoms of disease had disappeared. The fever, the severe cephalalgia, the rigidity of the cervical muscles, etc., were entirely relieved, and the patient appeared convalescent. But instead of continuing her progress towards complete recovery, she remains now, at the end of the third week, pale in countenance, thin in flesh, cool in temperature, hearing impaired, pupils much larger than natural, pulse soft and weak, but nearly natural in frequency, mind clear, frequent shifting pains in the neck and head, and such a degree of impairment of the motor power in the upright position as to make her attempts to walk appear like one pretty thoroughly intoxicated. The following case will illustrate the most severe grade of symptoms seen in the class of cases under consideration:

Mr. ——, an intelligent laboring man, had a severe attack of cerebro-spinal meningitis, and was attended by one of our best and most experienced practitioners. He passed through the active stages of the disease, and put on the aspect of convalescence. He recovered so far as to be able to rise from his bed and make some attempts at walking—much like the case of the young woman just described—but subsequently retrograded so far as to be entirely unable to maintain the upright position.

It was eight or nine weeks after the primary attack that I was requested to see him in consultation with his attending physician; and he was soon after removed to the hospital, where he came directly under my care. On examining the case with his attending physician, he presented the following symptoms: General aspect, anæmic, with considerable emaciation; surface cool throughout; pulse soft, weak, about natural in frequency; cardiac impulse rather feeble; sounds natural; respiration nearly natural; pupils much dilated; hearing slightly impaired; mind clear; appetite good; bowels inactive; urinary secretions nearly normal in quantity and quality; but the slightest disturbance caused the eye-balls to tremble; and every attempt to raise him into an erect position produced such

a violent and universal trembling, and agitation of the voluntary muscular system, that a return to the recumbent position, immediately, seemed necessary to avoid the supervention of general convulsions. He was subject to frequent shifting, neuralgic pains, and insomnia or indisposition to sleep at night. The patient had been in the condition here described already three or four weeks, undergoing no apparent change, except a gradual increase of the muscular trembling and helplessness. The dilated pupils, trembling of the eye-balls, and inability to maintain the erect position, had suggested to his physician the probability of effusion into the lateral ventricles of the brain, with a tendency to softening of cerebral structure. But from my observation of other cases, and from the fact that a degree of effusion sufficient to cause dilitation of the pupils and inability to maintain the erect position would almost necessarily induce coincident stupor and paralysis, instead of wakefulness and muscular tremor—except in infants, whose fontanelles and cranial sutures are still unclosed — led me to a different conclusion concerning the pathological condition of the cerebro-spinal portion of the nervous system.

Having met with several of these cases, presenting all degrees of severity in the symptoms, and studying carefully both the symptoms and the effects of remedies, I had been led to the conclusion that, on the subsidence of the primary disease, those parts of the brain and spinal cord involved had undergone such a molecular change, or rather such a change in the properties of the nerve substance, as to prevent the re-establishment of normal nutrition in the part.

Hence, instead of effusion, with or without a continuance of meningial inflammation in a chronic form, I regard the essential local condition of the cerebro-spinal structures involved as one of anæmia and impaired nutrition, tending to atrophy of the nerve matter. With this view, I advised the attending physician to keep the patient at rest in the recumbent position, give him a plain, easily-digestible diet, induce as much cheerful, mental quietude as possible, and give at each meal-time a table-spoonful of the following mixture :

℞.—Ext. malt (syrup), ℥ viii.

Comp. syrup hypophosphatis, ℥ iv.

Mix; and a single dose of Dover's powder and camphor, sufficient to produce sleep, at night. The advice was followed, and, as before stated, the patient was soon after removed to the hospital on account of insufficient accommodations in his boarding-house. In the hospital the treatment just stated was continued, with no important change, for three or four weeks, when the anodyne at night was omitted; and at the end of six weeks the patient had recovered his flesh and strength sufficient to walk steady and firm, and left the hospital, claiming to be quite well. During the first week after he came into the hospital his improvement was so slight as to be hardly noticeable; but subsequently his progress was much more rapid.

The first few of these chronic cases that came under my observation were treated with counter-irritation; the bromides and iodides internally, aided by chloral, to relieve neuralgic pains, but with no improvement. I saw two cases that had been treated with a liberal use of alcoholic stimulants, opium and quinine; and had steadily grown worse instead of better. But since adopting the practice of treating this class of cases with rest, mild, nutritious food, and such remedial agents as are calculated to promote the nutrition of nerve structures, aided by just sufficient anodynes to procure rest at night, the results have been much more favorable. During the past two years I have met with three or four chronic cases presenting symtoms closely analagous to those above described, but which had not been preceded by any well marked attack of cerebro-spinal meningitis. On the contrary, they had been exposed to ordinary malarious influences for a considerable time. They all recovered slowly under the treatment above advised, with the addition of a moderate use of quinine.

A DOCTOR in Iowa lately punctured a small pimple on a patient's nose with his vaccination lancet. It took beautifully.

PLACENTA PRAEVIA.—A FATAL CASE.

BY A. B. M'CANDLESS, M.D., COLUMBUS CITY, IOWA.

Editors Medical Examiner:—A case with the above caption came under my notice and professional care which I desire to present to the profession through the medium of your excellent journal.

On the 24th of February, 1873, I was summoned to visit Mrs. Margaret M——. Found my patient suffering from uterine hæmorrhage; seven months advanced in pregnancy; had borne seven children; 44 years of age.

In consequence of excessive tenderness of the labiæ and vulva I desisted from an examination per vagina; but from all information gathered by interrogating the patient I suspected a case of placenta praevia, with partial attachment to the walls of the uterus of right side. I prescribed fluid extract secal. cor. one ounce; sulph. morph. four grains—M. and S.—fifteen drops every three hours, until hæmorrhage is arrested. Prescription seemed to act admirably. Patient in a few days was engaging in light domestic duties. On March 18th I was again summoned to witness the same conditon, only somewhat aggravated. I made same prescription, enjoining rest, and tepid anodyne fomentations over bowels, and she again rallied and again engaged to some extent in household duties, feeling as well as could be expected.

On the morning of the 23d of the present month I was again called to witness the same difficulty. I proceeded to examine per vagina, and my fears and forebodings were fully realized. Found the os dilated and dilatable, and placenta presenting from right side of the uterus. I apprised the husband of the nature and gravity of the case; and in consequence of the heavy responsibility in the case I suggested council, and Dr. B. G. Neal, of Columbus Junction, was brought to my aid.

Although the os was well dilated, there was little or no labor pain. The former prescription, increased a little, seemed to control flooding. In council it was agreed to invite uterine contraction. Her full period was almost accomplished. By increasing the secal. cor. to thirty drops every half-hour, after two doses there was some uterine contraction but not sufficient to accomplish anything in way of labor, but in a measure controlled hæmorrhage. Two more doses of same quantity was given at same interval, with but little effect. I might remark here that same extract had been used on former occasions, with happy and desired results.

It was then deemed proper to rupture membranes, and induce labor if possible in that way, and increase the extract ten grains. Nature then seemed, with the aid of the means just named, to make an effort to expel contents of womb. The head entered the strait, but the effects of nature seemed to fail. The forceps were applied and child extracted. Born 4 o'clock, 14th inst. Patient very much reduced, but seemed to rally by aid of diffusable stimulants. It was now thought desirable to extract the placenta, when it was found to be about one-third firmly attached to right side of uterus. The hand was gently inserted in cavity of womb, and the attachments broken up and the placenta extracted. Womb contracted, with little hæmorrhage. Stimulants were administered liberally and patient rallied a little; but soon she became restless; pulse unsteady and irregular; extremities cold. By use of derivatives and diffusable stimulants, circulation improved a little. Unceasing efforts were made to restore circulation, but without avail. At 12 o'clock, 25th inst., she died.

Mr Editor, I wish to make two or three inquiries, and would be pleased to have your opinion, or that of any of your readers. First, was the course pursued the most scientific? or would it have been better to have turned and delivered at an earlier period? Second, from the fact that there was very little hæmorrhage after the birth of the child and expulsion of the placenta, was death caused by exhaustion, or an overpowering of mere force, or either? Third, would the amount of secal. cor. taken (about four ounces in all) contain sufficient ergotine to produce disorganization of blood? Any ideas on this subject, either by criticism or othewise will be appreciated.

Clinical Lectures.

RHEUMATIC BRONCHITIS.

LECTURE DELIVERED IN MEDICAL WARDS OF MERCY HOSPITAL. BY N. S. DAVIS, M.D., PROFESSOR OF CLINICAL MEDICINE, ETC., MAY 30, 1873,

CASE I.—Mr. B——, aged about 35 years; native of Ireland; sanguine-lymphatic temperament; accustomed to the free use of fermented drinks; after an exposure to cold and wet was taken with rigors, followed by fever and pain in the left hypochondriac region, and was brought to the hospital one week since. The attention of the class was called to him the day after his admission. He then presented a deeply suffused redness of the face; a somewhat bloated aspect; temperature two or three degrees above the natural standard; pulse 105 per minute, and moderately full; respiration short, and a little accelerated in frequency; tongue covered with a white coat; bowels natural; urine scanty and high-colored; frequent but short and stifled cough, from a sharp and severe pain in the left side, directly in the line of the attachment of the diaphragm to the ribs. Percussion revealed no perceptible dulness over any part of the left side of the chest, and oscultation detected neither the friction of pleurisy nor the rales of pneumonia.

Diognosis.—The severe pain in the side, greatly aggravated by coughing, or attempting to take a full inspiration, with scanty expectoration, and some fever, suggested the existence of pleurisy; but as the patient had already been sick four or five days, which is sufficient to cause exultation either serous or plastic, from the surface of the inflamed membrane, and yet there being no physical signs of either this or of pneumonia, it was inferred that the patient was laboring under rheumatic fever, with local inflammation in the attachment of the left part of the diaphragm to the ribs. He was ordered a saline solution, alternately with one grain of calomel, with opium sufficient to lessen the severity of the pain in the side.

During the first two days the pain was diminished, and the patient appeared to progress favorably. After that, however, his breathing became more oppressed, with sharp sub-mucous rhonch over the whole of the left half of the chest; a quick pulse; short and hurried respiration; deep purple redness of the face; drowsiness, and slight delirium. The urine remained scanty and high-colored, and the patient was very restless. The cough was harsh and suffocating; the expectoration scanty and tenacious, and without any intermixture of blood. Neither was there any dullness or percussion over the affected side. The suddenness and severity of the dyspnœa; the scantiness of expectoration; the tight, suffocative cough, and the absence of dullness or percussion, led us to attribute the more prominent symptoms to an extension of the rheumatic inflammation to the bronchial tubes, including the smaller ramifications throughout the left lung. The patient was ordered the following prescriptions:

℞.—Liquor ammonii acetate, ℥ ii.
Tinct. opii et camph. ℥ iss.
Colchici. vin. ℥ ss.—Mix.
Give one fluid drachm every four hours,

℞.—Ammonia hydrochl. ℥ iii.
Ant. tart. et pot, grs. ii.
Morph. sulph. grs. iii.
Glycyrrhiza syr. ℥ iv.—Mix.
Give one fluid drachm every four hours, alternating with the other prescription.

In consequence of the coolness of the extremities, and the sweating, he was also given three grains of quinine three times a day, and a blister was applied to the lower part of the left side of the chest. He has continued this treatment for the last four days, with a steady improvement in all the symptoms.

Now, we find the temperature of the body and extremities nearly natural; the flush nearly gone from the face; the pulse 98, and soft; the pain in the side only slight; but the breathing still oppressed; the cough harsh, but less frequent; and the patient complaining of great weakness. Percussion still shows a fine degree of resonance, while auscultation gives a well-marked sub-mucous rhonchus over all the middle and lower parts of the left side, with

piping sounds, mixed with a coarser mucous rhonchus over the upper and anterior part, The same treatment was continued, except the interval between the doses of the liquid medicines was increased to six hours, and the quinine reduced to two grains instead of three.

At a subsequent clinic, one week later, this patient was found fully convalescent.

Case II.—Mr. C——, a laborer; native of Ireland; aged 45 years; was admitted into the hospital yesterday; reported to have pleurisy. By simple inspection the patient was found to occupy a dorsal position, with the head and shoulders a little elevated; the face and lips pale; the whole body thin in flesh; the expression of countenance dejected and sad; the mouth and tongue moist; the respiration labored, the inspiratory act being forced with depression of the intercostal and supra-clavicular spaces, at its beginning, and the expiratory act being prolonged, and wheezing, as in asthma; and the left side of the chest was seen to expand much more than the right. By touch, the temperperature was found nearly natural, the extremities rather cool, and the pulse 110 per minute, small and weak. By percussion, the resonance was found natural on both sides of the chest; but auscultation revealed exaggerated respiratory murmur, with some dry rhonchi in the left side, while all respiratory sounds were absent from the lower, lateral and posterior parts of the right side, and a feeble murmur, mixed with some dry sounds, over the anterior and upper part of the same side. The patient had been attacked about one week previously with a chill, followed by some fever and severe pain through the central part of the right half of the chest, which still continues, and is accompanied by a disturbing cough and sense of exhaustion. His bowels were inactive, and the urine less than natural.

It was remarked that the combination of symptoms in this case was unusual. The sudden attack of severe pain in the right chest, five or six days since, with the present absence of all respiratory sounds over the middle and lower parts of that side, would certainly suggest the existence of pleuritic inflammation, accompanied by effusion. But serous effusion, sufficient to compress the lung and suppress the respiratory murmur, would necessarily be accompanied by dullness on percussion, fullness of the side, and shortness of both inspiration and expiration; while the reverse of all these conditions exist in this case. That the absence of respiratory sounds does not depend on complete hepatization is evident, for this would also involve dullness on percussion, as well as bloody expectoration and shortness of expiration. The prolonged expiratory act, the sinking of the intercostal spaces, and the imperfect expansion during inspiration, with the resonance, would suggest the existence of some cause affecting the right side of the chest in such a manner as to shut off the air from reaching the air-cells in the middle and lower part of the right lung. Such a result might be produced by aneurismal or other tumors pressing on the larger bronchial tubes; by inflammation, either rheumatic or diphtheritic, causing a fibrinous exudation upon the bronchial membrane sufficient to cause exclusion of air; or, possibly, by embolus in the right division of the pulmonary artery, preventing the supply of blood to the capillary net-work surrounding the cells. The existence of aneurismal or other tumors would be readily detected by auscultation and percussion, and hence must be excluded from this case. From all the facts, as we get them in the history and present condition of this case, we are inclined to regard it as one of rheumatic inflammation of the right bronchial tubes, accompanied by so much fibrinous or plastic exudation as to nearly exclude the air from the affected part of that side.

If so, the prognosis is very unfavorable, because the plastic and tenacious character of the exudation, in accute rheumatism, make it slow and difficult of disintegration and absorption; and a very moderate extension of the present obstruction to the respiratory functions in this case would prove fatal. The patient was ordered a mixture of liquor ammonia ascetatis two parts, and camphorated tincture of opium one part, a fluid drachm every two hours, and two grains of quinine three

times a day, with moderate counter-irritation over the right side. The treatment recommended appeared to have no perceptible effect. The difficulty of breathing, and prostration, continued to increase, and the case terminated fatally two days after the clinic. No *post-mortem* was allowed.

Society Reports.

ILLINOIS STATE MEDICAL SOCIETY.

The twenty-third annual meeting of the Illinois State Medical Society convened in Bloomington, May 20, 1873.

The delegates and members assembled in Durley Hall at 10½ A.M. The President, Dr. D. W. Young, of Aurora, occupying the chair, called the meeting to order, and introduced Rev. Dr. Wilson, who offered prayer.

Dr. T. F. Worrell, Chairman of the Committee of Arrangements, was then introduced, and delivered a brief address of welcome in behalf of the citizens of Bloomington. This was responded to, in behalf of the Association, by Prof. E. Andrews, of Chicago.

Brief addresses of welcome were also offered by Ira J. Bloomfield, on behalf of the municipal authorities; on behalf of the Board of Education, by J. A. Jackman, Esq., which were responded to by members of the Society, after which the meeting adjourned until 2 o'clock, P.M.

On re-assembling at 2 o'clock the Society proceeded to business. The Committee on Credentials made their report, and the roll of officers of committees was called by the Secretary.

The first paper read was the report on Surgery, by J. L. White, M.D., of Bloomington. This was an able and interesting report, and elicited considerable discussion.

Dr. E. Andrews thought the remarks made on the subject of fractures of the bones of the hips were of considerable importance. The books were quite deficient in distinguishing these injuries, or the different grades or complications of them from each other, so that when a practitioner meets one he is perplexed as to what prognosis he is to give. These injuries are not of frequent occurrence; still, every once in a while some of us meet them. His own observation had been, without exception, as far as he could recollect, that all cases of fracture of the pelvic bones, accompained by serious wounds of the viscera, followed the usual course mentioned in the books—that is, have died. With regard to the cases where the viscera are not wounded, the books were not clear. He had seen a number of these cases, even severe ones, in which the viscera had escaped, and every one of them was living to-day unless they had died recently.

One case in particular, a young man, who, in attempting to jump upon a train of cars in motion, was rolled over and over in front of the wheels. The first thing noticeable, in examining the case, was the dislocation of the head of the femur, backward on the right side. This was reduced by manipulation. On examining for further injuries it was found that on pressing upon the crests of the ileum they could be pushed toward each other an inch and a half, showing that there was a serious fracture. No unfavorable symptoms occurred, however, and he made a good recovery. In several other cases the mobility of the parts was quite as distinct, and still the patients recovered. Judging from his own experience, therefore, he should say that we ought to make this distinction: That fractures of the pelvis, accompanied by wounds of the viscera, are nearly invariably fatal; while those not accompanied by wounds of the viscera, almost as invariably recover.

Dr. D. Prince, of Jacksonville, said that he had noted some points in the report in relation to which he would like to say a few words. First, he said, in regard to union by first intention, he always, after amputations, put the flaps in position, and allowed them to remain. Whether there was a deposition of new material between their surfaces or not, was a theoretic question. But that the flaps would stick together with considerable force, was abundantly proved by attempting to separate them. He thought, therefore, that it was wrong to wait six or twelve hours, as recommended in the report, before bringing the flaps together. A better way was to put the flaps in position, and then, if they fully united, nothing would be lost. If there should be an accumulation so as to necessitate opening them again, nothing then would be lost.

Again, in regard to the subject of shock, Dr. Prince remarked that the nervous functions were greatly depressed by shock. It produces a vital impression, different from that which is the result of a mechanical injury to the nervous system. Shock is vital. A person takes a glass of ice-water, and falls down almost pulseless—skin cold, and bathed in perspiration—it is a shock. But a severe blow is received, as when a person is crushed beneath a car-wheel, and the whole nervous system is involved in the shock. Prostration should apply to a condition coming on slow-

ly. In the case of shock, what should be done? It is well known that any stimulant diminishes the feeling of nervous exhaustion for a time. Whatever theory of alcoholic action is admitted—whether it nourishes or whether it takes the place of something removed by nutrition—it is difficult to see how any quantity of alcohol introduced into the system will be injurious. The report admits that all stimulants are not to be excluded, for opium is admitted, and I presume in stimulant not narcotic doses. The exclusion of light from the patient, the reserving him from the fatigues attendant upon being moved, excluding him from conversation or any act of attention, are all in accordance with correct reasoning; but I cannot see why the patient is not to take stimulants directly, without exciting irritability. This question of the use of stimulants in shock was discussed, pro and con, at considerable length.

Dr. Andrews remarked, in regard to the subject, that the first step toward knowledge is for the profession to understand what it does not know. I believe that every thoughtful surgeon has concluded, before this time, that among the things in which our knowledge is wretchedly deficient is the relations of therapeutics to shock. Almost everything that we can do has two edges to it. The discussion of this subject in associations and in books all proceeds theoretically. There exists nowhere any adequate collection of statistics that will enable us to ascertain scientifically what the effect of treatment upon shock is. I have been in the habit of considering an ordinary shock to mean an impression upon the ganglionic nervous system, which controls the circulation and the organic functions of life.

A cerebral shock proper is that which we have in a concussion of the brain. Now, what is the effect of a stimulant in such a case? is what we want to know. I am always in the habit of giving stimulants; but I have wished many times, and wish now, that I knew better whether the stimulants do the patient any good or not.

We may speak of shocks as divided into three classes. There is a class, as you know, which are not dangerous; there is another class in which it makes no difference what you do; medicine has no effect. It is to a third class, dangerous, but not necessarily fatal, that our treatment is mainly confined. Dr. Prince has presented the argument on one side, and the report of the Committee has brought out the other. The argument cuts two ways. Almost all alcoholic stimulants, and nearly all others, cause an increase of the force of the pulse temporarily, and the functions of the nervous system which we particularly wish to increase. The nervous system is exalted; but afterwards there is a falling off in diminution; the patient is first raised above, and then depressed below the natural condition. Is that what we want? One party says we must avoid stimulants, in order to avoid this depression. The other says, we must use them to get the elevation. What shall we say about the application of this doctrine? I use stimulants; but I wish it was scientifically made more clear that it is the right thing to do. At present we are driven to discuss the question from a purely theoretical point of view. I think a practical solution of the question might be made if all practitioners would adopt this plan: Whenever a case of injury occurs, let all men who think stimulants are beneficial observe carefully the effects upon the patient as derived from his reports of himself. While not exactly a scientific demonstration, it would lead us in the right direction.

Dr. Andrews inquired if any one had used oxygen inhalations in shock. He understood that Dr. McGraw, of Detroit, had been more successful in using it than with other stimulants.

Dr. Ingalls, of Chicago, thought that there was one radical error in Dr. Andrew's views in relation to the use of stimulants. He seemed to adopt the idea that the vital powers, being raised by stimulants to a certain degree were then depressed to a corresponding degree. From his own observation he did not think it was true—that was when properly administered. When an alcoholic stimulant had produced stimulation, and then is followed by depression, the alcoholic stimulation is indiscreet. After some further remarks from Dr. White, of Bloomington, opposing the use of stimulants, the report was finally referred to the Committee on Publication.

Dr. Hamilton next presented a report on Fractures, supplementary to the report on Surgery. It was an extended paper, mainly made up of statistics.

Dr. E. L. Holmes read the report of the Committee on Opthalmology. The Secretary also read an interesting paper on the uses of Strychnia, prepared by Dr. F. C. Holtz, of Chicago.

The Society then adjourned until 7½ P.M., when they re-assembled to listen to the address of Dr. Geo. T. Allen, on the "Civilization of the Age."

Following this address, Dr. McFarland read a paper devoted mainly to the subject of the Jurisprudence of Insanity.

The Society re-assembled again at 8½

o'clock, A.M. The first business in order was the report of the Treasurer, Dr. Hollister.

The report of Dr. Hamilton, on Fractures, was again called up and discussed at length by various members, particularly the points in relation to the possibility of preventing shortening in oblique fractures of the femur. It was the pretty unanimous opinion of the members that some degree of shortening would almost invariably and unavoidably result, although the statistics given in the report of Dr. Hamilton seemed to favor a contrary opinion.

The report on Drugs and Medicines, by Dr. Hollister, was next read and discussed. Dr. Prince, of Jacksonville, also submitted a report on Galvano-Therapeutics.

The Committee on Nominations submitted the following report:

For President, Dr. T. F. Worrell, of Bloomington; 1st Vice-President, Dr. E. L. Holmes; 2d Vice-President, Dr. Birney; Treasurer, Dr. J. H. Hollister. Next place of meeting Chicago.

Committee on Practical Medicine—Dr. H. Crawford, Monmouth; Dr. John Wright, DeWitt; Dr. Von Horn, Jerseyville.

Surgery—Drs. W. P. Pierce, P. Raskatin, E. R. Willard.

Obstetrics—Drs. S. C. Plumber, C. T. Hassian, Robert Beal.

Drugs and Medicine—Drs. W. E. Quine, Chicago; R. W. James, Danville; E. P. Cook, Mendota.

Ophthalmology—Drs. E. L. Holmes, J. P. Johnson, F. C. Holtz.

Otology—Drs. S. J. Jones, Chas. Hunt, Thos. Galt.

Special Committee on Idiocy — Dr. C. F. Wilber.

Galvano-Therapeutics—Dr. D. Prince

Pathology of Nervous System—Dr. C. W. Earle.

Dermatology—Dr. Chas. G. Smith.

Phthisis Pulmonalis—Dr J. H. Hollister.

Strictures of Urethra—Prof. Andrews.

Diseases of Respiratory Organs — Daniel Lichty.

Committee of Arrangements—Drs. N. S. Davis, W. E. Quine, Chas. G. Smith, E. Powell.

Assistant Secretary—Dr. W. E. Quine.

The report of the Nominating Committee was unanimously adopted.

A report on "The Assistance necessary and justifiable in Difficult and Protracted Labor," by Dr S. D. Hawley, was read by the Secretary. The report elicited extended and various criticism and discussion, which space does not permit us to report. The Society again adjourned until evening. The afternoon being spent, at the invitation of the Committee of Arrangements, in visiting the State Normal School, the Soldiers Orphans' Home, and the C. A. & St. L. R. R. machine shops. At each of these places the Society was welcomed by the authorities in charge.

The Association re-assembled in the evening session at 8 o'clock, P.M.

Dr. Worrell read a report upon Hygiene, and in connection with it a supplementary report, prepared by Dr. N. S. Davis, on the Hygienic Management of Children.

A report on the Physiology of the Nervous System, by Dr. Earle, the report on Otology, by Dr. S. J. Jones, and a report on Obstetrics, from Dr. T. D. Fitch, completed the list of reports presented.

On motion of Dr. Hollister, the Association proceeded to the election of delegates to the American Medical Association, the following named being chosen:

Drs. A. H. Luce, J. O. Hamilton, E. Goodbrake, E. P. Cook, Dr. Pierce, Dr. Prince, C. T. Homer, J. H. Hollister, W. W. McMann, S. H. Birney, C. W. Earle, J. B. Walker, Dr. Haller, W. E. Quine, Dr. Willard, Dr. Whitmeyer, E. R. Travers, J. P. Mathews, E. W. Hewett, D. Young, T. D. Fitch, O. W. Moon, John Lyttle, A. C. Rankin, O. Everett, F. H. Davis, J. G. Curtis, S. E. Plummer, F. M. Wilder, J. L. White, A. S. McArthur, N. B. Cole, D. McVey, C. Armstrong, and Dr. McFarland.

Dr. Fitch moved that the Association proceed to the election of delegates to State Medical Societies. The motion was carried, and the following persons were elected:

Drs. G. W. Jones and Birney, to Indiana Medical Society; Drs. Gray and Ellsbury, to Ohio; Drs. M. Gunn and E. L. Holmes, to Michigan; Drs. McArthur and Irwin, to Wisconsin; Drs. T. D. Fitch and J. Galt, to Iowa; Drs. C. R. Cook and J. O. Hamilton, to Missouri; Drs. T. F. Worrell and E. R. Willard, to Minnesota.

A motion from Dr. Hollister that the annual assessment be fixed at $3 for the year, was carried.

After passing resolutions of thanks to the Committee of Arrangements, the municipal authorities, and others who had assisted in entertaining the Association, the meeting was adjourned, *sine die*.

HOPS AS AN EXTERNAL ANODYNE.—Enclose the hops in a bag, and subject it to the steam of boiling water, and apply as warm as can be borne. Dampening the hops *slightly* with strong vinegar before steaming increases their anodyne virtues.

THE
MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, June 15th, 1873.

EDITORIAL.

INDIANA STATE MEDICAL SOCIETY.—The annual meeting of this Society was recently held in Indianapolis, and appears to have been well attended. A goodly number of reports and papers, on topics of professional interest, were presented and discussed. Some measures were taken for increasing the number and efficiency of the County Medical Societies, and for influencing the Legislature in favor of a law legalizing the study of human anatomy by dissections.

The following officers were elected for the ensuing year: President, I. Casselberry, M.D., of Evansville; Vice-President, W. Hobbs, M.D., of Carthage; Secretary, G. V. Woolen, M.D., of Indianapolis; Assistant Secretary, W. J. Elstun, M.D., of Indianapolis; Treasurer, J. H. Woodburn, M.D., of Indianapolis; Librarian, A. W. Davis, M.D., of Indianapolis.

The business of the Society occupied two days, and was followed by a pleasant social entertainment on the evening of the second day.

IOWA STATE MEDICAL SOCIETY.—This Society held its annual meeting in Marshalltown, May 29, 1873. The time of the meeting was fully and profitably occupied in the hearing and discussion of reports and papers on medical subjects. Much attention was given to the history of diseases in the several counties during the past year. Dr. T. D. Fitch, of this city, was present as delegate from the Illinois State Medical Society. The following are the officers chosen for the ensuing year: President, W. S. Robertson, M.D., of Muscatine; 1st Vice-President, Wm. Carnes, M.D., of Iowa City; 2d Vice-President, John Bower, M.D., of Guthrie Centre; Secretary, S. B. Thorn, M.D., of Otumwa; Assistant Secretary, J. R. Kennedy, M.D., of DesMoines; Treasurer, J. W. Gustin, M.D., of Burlington.

NATIONAL MEDICAL REGISTER.—We learn from Dr. S. W. Butler, of Philadelphia, who has this work in press, that he has sent his circulars to the physicians of the Northwestern States, and is anxiously waiting for replies. This Medical Register is a very important work, and it is equally important that the name of every regular physician should appear in it *correctly*. Hence, all who have received circulars asking for information from Dr. Butler, should return them with the proper answers without delay.

ROCK RIVER MEDICAL SOCIETY.—The annual meeting of this Society was held in Theresa, Wis., May 14th, 1873. The following officers were elected for the ensuing year: President, Dr. L. Loehr, Theresa; Vice-President, Dr. A. W. Lueck, Mayville; Secretary and Treasurer, Dr. N. Senn, Ashford; Board of Censors, Drs. Senn, Marston and Rogers. The next meeting will be held in Theresa, at the Rock River House, on the second Wednesday in July next.

THE OHIO STATE MEDICAL SOCIETY held its annual session in Columbus, June 9th and 10th. Toledo was selected as the next place of meeting, and the following officers were elected for the ensuing year: H. J. Harrick, of Alvond, President; M. J. Conklin, of Dayton, Secretary; H. Edwards, of Lancaster, Assistant Secretary; and S. S. Gray, of Piqua, Librarian and Treasurer.

THE UPPER CEDAR VALLEY MEDICAL ASSOCIATION held its annual meeting June 10th, 1873, at Charles City, Iowa. The officers elected for the ensuing year were, President, Dr. J. W. Smith, Charles City; Vice-President, Dr. Noyes, Mason City; Secretary, Dr. L. P. Fitch, Charles City; Treasurer, Dr. W. F. Pitts, Fredericksburg.

Gleanings from Our Exchanges.

Action of Cold Water on the Spleen.—The importance which many authors, and Fleury especially, have ascribed to cold water as a remedial agent in intermittent fever and various other affections of the spleen, has induced Prof. Mosler, of Greifswalde, to test its efficacy, and he has arrived at the following conclusions:

1. The direct contact of cold water with the normal spleen causes it to contract appreciably, and the degree of contraction varies according to the temperature of the water and the length of time for which it is employed.

2. Cold water also acts similarly on the normal spleen, if applied over the abdominal walls, but it is less effectual. In such cases the cold douche is to be preferred to cold compresses or bits of ice, but in all of them it accomplishes less than quinine.

3. In all forms of enlarged spleens, the result of disease, whether acute or chronic, the action of cold water causes contraction of the organ.

4. The paroxysms of intermittent fever can be arrested by Fleury's method of using the cold douche, but it has no advantage over quinine, either in new or old cases.

5. The cold douche does not accomplish a permanent cure of this fever. It does not always prevent recurrence, and leaves the spleen enlarged.

6. The spleen of typhoid fever is diminished in size by the same remedy.

7. In all forms of enlargement of the spleen, whether acute or chronic, the application of cold water to the spleen, either in the form of cold baths, ice-bags, or cold douches, with the internal use of quinine at the same time, is to be preferred to either of these methods alone.

8. As a substitute for quinine in chronic cases, quinoidine is recommended as being very much cheaper.—*Archiv f. path. anat.*, lvii., 1.—*Medical Record.*

Balsam of Copaiba in Small-Pox and Scarlatina (*Medical Times and Gazette*, February 17).—From our knowledge of the effects of the balsam on the skin and mucous membranes, Dr. A. Rowland, Visiting Physician and Surgeon to the Marine and Emigrant Hospital, etc., Quebec, was induced to try it, in four or five drop doses, mixed in two drachms syrup and two drachms mucilage gum of Arabic, three or four times a day, in the confluent small-pox of a person who had never been vaccinated. It caused no nausea, but, on the contrary, created a keen appetite, which continued till recovery. No pitting took place, and no local application was used but glycerine and water. Dr. Rowland tried the same mixture in scarlet fever, with most satisfactory results. Under its use, the tongue and sore throat got rapidly clean and well, followed by a keen appetite, and by none of the usual sequelæ. The secretion of urine was copious, and began to increase in quantity after two or three doses. At first it was the color of ale and a little ropy, but by the third day quite clear and normal. The author's theory of the action of the remedy is, that it alters or destroys the character of the virus, and eliminates it out of the system by the skin and kidneys more particularly; for the recoveries have been unusually rapid. In both cases Dr. Rowland prescribed milk, beef-tea, wine and spirits, according to need.—*Southern Med. Record.*

Is Hard Water Wholesome?—Dr. Letheby, after devoting many years to an investigation into the properties of the water introduced into English cities, and to a study of the sanitary reports on the subject, comes to the conclusion that moderately hard water is safer and more healthful than soft water. Hard water is not only clearer, colder, more free from air, and consequently more agreeable to the eye and to the taste than soft water, but it is less likely to absorb organic substances, to sustain the life of zymodic organisms, or to exert solvent properties upon salts of iron or upon leaden conducting pipes. The lime salts exert a beneficial influence upon the animal economy, and even protect the system from dangerous outward influences. Dr. Wilson, of Edinburgh, has also collected much valuable material on the subject, and comes to the same conclusions as Dr. Letheby. He takes the ground that the human body requires for its nourishment and support a supply of mineral salts, among which carbonate and phosphate of lime play an important part in building up the compactness of the bones, and in other functions.—*Med. and Surg. Rep.*

Sulphate of Iron in Suppuration.—A child burned nearly over the whole body was recently brought to the Child's Hospital at Lausanne. The suppuration was so abundant that the ward in which the patient lay became uninhabitable. The child was then placed in a bath containing two handfuls of sulphate of iron. The cessation of pain was almost immediate. After repeating the bath twice a day, for fifteen or twenty minutes at a time, the suppuration moderated, the fœtid odor disappeared, and the patient rapidly recovered.—*Boston Journal of Chemistry.*

DISTRIBUTION OF CONSUMPTION.— The volume of "Vital Statistics of the Census" is provided with colored charts, four of which show the distribution of disease in the United States. The blue chart denotes the ratio of deaths by consumption, the darker tints assuming a wedge shape, roughly defined by lines drawn from Chattanooga, on the one hand through Richmond, and on the other through St. Louis. Most in the shadow of this dreadful disease are the New England coast, all of New Hampshire and Northern Vermont. Malarial diseases (yelow chart) haunt the Atlantic and Gulf coast, from Delaware Bay to Texas, while New England and the larger Middle States, with the two Virginias, are comparatively free from them. California, which, in the central portion, is tolerably consumptive, is universally malarial, but in a light degree.—*Medical and Surgical Reporter.*

NEPHROTOMY.—W. W. Dawson, M.D., of Cincinnati, Ohio (*N. Y. Med. Jour.*) reports a case of extraction of a calculus from the kidney of a married woman, aged 50 years, who had borne nine children, and had always been a healthy and robust woman until eight years ago, when she had an attack of hæmaturia. The patient died on the fifth day. The calculus was quite light, weighing only 20¾ grains, and measuring seven-eights of an inch in length by half an inch in breadth at its widest part, being uniform in shape. It was ammoniac magnesian phosphate, and situated on the internal wall at a point corresponding to the hilus of the kidney, and was embedded in partly disorganized fibrin. The kidney-tissue which he incised was about one-half inch in thickness, and bled but little.—*Med. Rec.*

TREATMENT OF DISEASES OF THE BLADDER BY THE INJECTION OF URINE.—Dr. Clemens, of Frankfort, uses healthy urine, containing the normal amount of uric acid, as an injection into the bladder in cases of catarrh. The organ should be first cleaned from any fœtid urine and washed out by the injection of tepid water; a healthy young subject is then got to pass urine into the syringe, which has been previously warmed, and then it is injected into the diseased bladder. The best results are obtained where the urine of healthy boys and of adults is used on alternate occasions. In one instance a single injection of healthy urine sufficed to allay a spasm, and in others the injection used twice or three times a day, produced a most beneficial effect.—*Med. and Surg. Rep.*

PILL FOR GASTRALGIA.—℞. Sub. nitrate of bismuth, ℈ ii.; ext. belladonna, gr. x. Make into forty pills, give one night and morning.

SPINA-BIFIDA.—Dr. Wilson, of Glasgow, relates a case of spina-bifida which he treated thus: The tumor being moistened over with carbolized oil, was opened by a free longitudinal incision, under an antiseptic veil of surgeon's lint soaked in carbolized oil. The lint was removed, and a large piece of carbolized plaster applied, and over this another, kept in position by adhesive plaster, one edge being left comparatively free for escape of fluid. A soft folded handkerchief was laid over all. A good firm pad of skin resulted.

HYDRATE OF CHLORAL IN INCONTINENCE OF URINE.—Dr. Girolamo Leonardi has found chloral a most valuable remedy in nocturnal incontinence of urine. The dose for children is from five to ten grains taken in water before going to bed. For adults the dose is proportionately larger. The treatment has been successful in all of his recorded cases. The remedy must be repeated for several successive nights.—*Lo Sperimentale*, April, 1873.

LARGE CHILD.—At a recent meeting of the Obstetrical Society of Boston, Dr. Minot said he had lately attended a lady whose child, when dressed, weighed but a trifle less than fifteen pounds!

A KNOWLEDGE of Greek is no longer compulsory to matriculants in the University of London. A candidate may pass in any one of the three languages, Greek, French, or German.

LACTIC ACID IN DYSPEPSIA.—Dr. C. Handfield Jones advises the use of latic acid in dyspepsia. He has chiefly given it in cases of irritative dyspepsia, where the digestion was painful and imperfect, and had been so for some time; he does not advise its use at the commencement of the treatment in a severe case, but only after irritation and vascular erethism is somewhat reduced. It should be employed in doses of fifteen or twenty minims in a half ounce of water, and taken *at* meal-times; he states that it seems to mingle with the food, and to supply one of the constituents of healthy gastric juice, which is probably imperfectly produced. Its use need not be confined to cases of dyspepsia, but may be extended to all cases where it is desirable to improve the tone and power of the stomach. It is pleasant, occupies but little space, and the only objection to its use is its present high price; but if much employed, it could probably be obtained cheaply.—*Southern Medical Record.*

VERMIFUGE SYR.—Extract spigelia maryl, fl ℥ viii.; syr. sennæ compos. (Lond. Ph.) ℔. ii. Mix while hot, and evaporate to a proper consistence. Dose, a small teaspoonful for a child one year old.

PHILADELPHIA, June 2, 1873.

Messrs. Editors:—The editorials of the Philadelphia *Medical Times*, and the N. Y. *Medical Record*, on the session of the American Medical Association, forcibly reminded one of the editorials which so frequently met our view during the late war, written by men who stayed at home and told others who exposed themselves in the field how to fight.

Yours, A. M. A.

Book Reviews.

Medical and Surgical History of the War of the Rebellion. Part I., Vols. I and II. War Department Surgeon-General's Office, Washington, D. C.

These two large volumes, comprising nearly 2,000 pages, give an historical record of over six and a half-million of medical and surgical cases that occurred during the four years of war. Of these cases, 304,369 terminated fatally. No similar work of equal magnitude has ever been undertaken by any government. The French and English governments each published some incomplete statistics of the military medicine and surgery of the Crimean war. The American government, however, took measures, early in the progress of the war, to collect the statistics on a more complete and extended scale.

The pension law requiring each pensioner to make at least an annual appearance before some government officer, has been of great assistance in keeping track of the more interesting cases, and enabling an accurate record of their history and progress to be kept.

For instance, the wanderings of private Patrick Hughes, formerly of Co. K, 4th N. Y. volunteers, who still continues to live after the perforation of his cranium by a conical musket-ball, has been diligently followed up for nine years, It is a remarkable case of a continuation of life and work under most adverse circumstances, The ball entering near the inner posterior angle of the right parietal, emerged at a higher point of the left parietal, and after traversing the brain made a large exit wound. A piece of the skull was carried away of the size of six square inches, and through the aperture thus formed the pulsation of the arteries of the brain could be plainly seen. Yet this man livde to leave the army, and is strong enough to be a hard-working puddler in an iron-foundry. Fourteen other cases occurred during the war, where soldiers received gunshot perforations of the cranium, and lived; in fifty-four more cases the patients died after they were carried to the hospital.

In the medical volume we find the established history of 19,971 deaths from pneumonia, one of the most prevalent of all causes of loss of life among the troops in hospital, and only exceeded by the several forms of diarrhœa and dysentery, which carried off 44,558 soldiers by death, and sent home 17,748 more under their discharges. Over 20,000 were dismissed on account of incipient tuberculosis, and 12,000 for rheumatism.

The statistics show conclusively that the average recovery of the sick and wounded was larger in open tents than in hospitals, The open, free ventilation of the one was more than an equivalent for the superior accommodations of the other.

It is to be regretted that the limited appropriation from Congress enabled but a small edition of these valuable works to be issued. There is a movement now on foot to petition Congress for an appropriation to enable another and larger edition to be issued for general distribution to the profession.

These volumes were prepared under the direction of Surgeon-General Jas. K. Barnes, the medical record being drawn up by Dr. J. J. Woodward, U. S. A., and the surgical by Dr. Geo. A. Otis.

Especial credit is due to these gentlemen for the careful and thorough manner in which this vast fund of valuable matter has been gathered together.

The Mechanism of the Vesicles of the Ear and Membrana Tympani. By H. Helmholtz. Translated from the German, with the author's permission, by Albert H. Buck and Norwood Smith, of New York. With twelve illustrations. Wm. Wood & Co., New York.

Original Communications.

POSITION IN LABOR.

READ BEFORE THE IOWA STATE MEDICAL SOCIETY, MAY 28, 1873, BY J. W. SMITH, M.D., CHARLES CITY, IOWA.

More than thirteen years ago, an accidental circumstance directed my attention to the investigation of position in labor; and profoundly impressed with the necessity of more definite views among accouchers as to the best position, and the ease and certainty with which it can usually be ascertained, I feel it a duty to make known the result of my investigations.

Opportunities for observation in private practice are not equal to a large lying-in-hospital, but they have been sufficient to convince me that there is a more excellent way than that of guess-work, or convenience, as to the position of a parturient woman. Such experience has also taught me that, in the majority of cases, the proper position can be determined with almost mathematical accuracy, and as one result, the duration of the labor will often be materially shortened.

Text-books and obstetric teachings — at least all within my acquaintance — have little that is satisfactory and definite upon the subject. Such fact proves (1) that position is considered of minor importance, or else (2) it is not well understood. This state of things is unfavorable to obstetric science, unsatisfactory to the young practitioner, and most unfortunate to suffering woman.

Cannot the accoucher be furnished with unfailing directions, in each particular case, as to the position that will cause the labor to be the safest, easiest and quickest possible? I believe that not only possible, but within the easy comprehension of every physician of ordinary capacity, and who carefully studies the subject.

Doubtless many cases do equally well when the position is decided wholly by accidental circumstances. Among the things that are important at the beginning of every labor may be mentioned the proper evacuation of the bowels — a free enema of tepid water, or of salt or soap in water, being advantageous in the majority of cases. The bladder should be frequently evacuated, the clothing loose, and the under-garments so arranged as not to require changing after delivery; the feet kept warm, the head cool, the room quiet and well ventilated. A bed — not of feathers — or a broad lounge should be in readiness.

During the early stage of labor no restriction of movement should be attempted; but moderate exercise, especially walking, should be encouraged, and insisted upon in some cases, until it becomes painful or uncomfortable.

An early examination is to be recommended. When the os is so high as to be reached with difficulty, it is not possible, in all cases, to decide as to the precise presentation, and, of course, not as to the best future position; but as the case progresses, and usually long before the rupture of the membrane, it is easy to decide as to the proper position. A patient's choice is often wrong, hence the need of deciding for her.

The philosophy of position is based upon gravity and muscular action, including contraction and relaxation. The key-note, or axiom, so to speak, of correct position, is the fact that the fundus of the gravid uterus, in its normal state, is *movable* to a certain extent in nearly all cases, when not obstructed. The field for the application of this principle is almost unlimited, and will vary to some extent in every individual case.

HOW TO DETERMINE THE PROPER POSITION.

The directions how to decide as to the proper position had better be explicit; and to save time and space we will avoid all technicalities and proceed at once to explain how it is possible to decide upon the position in which the parturient powers will most quickly, easily and safely overcome the natural resistance. External abdominal examination often aids in diagnosis, and should not be omitted in doubtful cases, but is not usually as reliable as that per vaginum.

Suppose that we cannot tell the exact presentation, or that we can, and in either case that the presenting part is found to impinge or

press most strongly upon or towards the *left* side of the pelvis, and even while the os does sometimes point, so to speak, to the *right* side of the median line of the pelvis. These two things occurring together may be said to be contradictory, and they do appear so at first observation — that is, the os inclining to the right, and the bulk of the fœtus to the left side of the pelvis. To decide accurately, before or after the full dilatation of the uterus, a gentle upward pressure of the fœtus by the finger, between pains, will often be necessary. The finger can then be passed from side to side, and thus determine *which side of the pelvis is most filled* or *pressed upon by the presenting part.* If, as supposed, the presenting portion presses most directly upon, or to the left side of, the pelvis, and, as stated, independently of the position of the os, that side — upon the left — is the position in which it will uniformly be found in practice best to place the patient; if to the right, the position should be upon that side. This is very easy to remember.

When placed upon the side, as indicated, it will often make all difference *how* the woman is placed—at least during a portion of the time—occasional changes of position being admissable, and sometimes necessary in the earlier stages to prevent too great fatigue or disgust with any one position. The woman's head should be low, the fundus moving more freely by gravity when it is so; the thighs and knees flexed; the feet supported, if preferred; and the arm that is under side placed either wholly back of the body, or, which is often easier, the elbow sharply flexed, and only the hand allowed to rest in front of the chest. She will then be partly upon her face, as in the position for using Sim's speculum, and cannot easily turn upon her back, as otherwise she would be likely to do, and thus defeat the full advantage of position. The knees, in the latter stages of labor, had better be supported by an assistant, or by a pillow or quilt firmly rolled together and placed between them.

In many cases of tedious labor, after the *proper* position is assumed, such position, and a single pain or two, if strong, will often bring the fœtus into the proper axis of the pelvis, and thus rapidly complete the labor. When the effect is not so rapid, and some other position is preferred, it can be assumed without detriment, after the cause of delay has been overcome.

ABDOMINAL SUPPORT.

In case of obliquity, pendulous abdomen, uterine inertia, etc., a wide bandage or support is often a great help, and sometimes necessary, in addition to the best position. It can be readily extemporized, and while it may not be as convenient as some specially designed, with me it has answered admirably. It should be about two yards in length, from twelve to eighteen inches wide, and made of strong material. Two towels can be sewed together, or a sheet torn lengthwise and doubled once in the same direction.

HOW TO USE IT.

In lateral obliquity it is always best, and sometimes in other cases, to place the woman upon her side, as already described, with the center of the bandage passed evenly across the abdominal prominence, with one end carried under and the other over, and both behind the patient, so that the two ends can be firmly grasped together by one or both hands, usually best by the physician, and steady pressure can then be made across and around the abdomen during each pain. To make such pressure reliable, will require the counter support of the back at the same time, and this can often be made the most certainly and easily by the foot or knee of the person holding the bandage, a pillow or other soft support being first placed against the back, and, if room, the person sitting upon or standing at the side of the bed, while the abdominal pressure is applied by the bandage. The two forces can thus be made to act together and keep the woman in the desired position, while varying the amount and direction of the support, as is indicated. The bandage should be seized near the ends, to prevent too great compression of the sides of the woman. To aid sufficiently in some cases, may require the application of the bandage continuously for a length of time, or only occasionally and

during a few pains. Posterior obliquity, as in pendulous abdomen, can sometimes be corrected by dorsal position, elevation of the hips, and external pressure by the hands; but experience teaches that the side position and bandage is often most effectual in those cases. Uterine inertia can sometimes be overcome by elevating the shoulders and pressure with the hands, but the kneeling or standig posture alone is sometimes sufficient and even preferable, the patient to be supported under the arms by two assistants during each pain.

SUMMARY OF DIRECTIONS.

To epitomize or briefly recapitulate the foregoing directions: Most cases have a lateral obliquity or pressure, so to speak, and if the presenting part crowds upon, or most nearly fills one side of the pelvis, then upon that side is the proper position. If towards the hollow of the sacrum, place the woman upon her back, elevate the hips, and, if necessary, use external pressure. If towards the sacrum, and one side, better place her upon that side, observing the arm is in position; and, if necessary, apply the bandage and support the back. If upon or towards the symphysis pubis, place her in a kneeling and almost horizontal posture, and, if necessary, upon the knees and face for a short time.

Formerly I was partial to the position upon the back, as I thought it easy and convenient, but observation convinced me that the large majority of cases do the best upon one side or the other. It seems to most readily correct and overcome the slight obliquity which often prevents or delays the fœtus from freely entering the pelvis, and sometimes retards or "locks" it in its passage through it. I think the periænum is safer when upon the side, even if the labor is quicker, as the strong, voluntary pains, when upon the back, are most likely to cause rupture.

While the subject of position is important in nearly every case, its most evident triumphs are witnessed in some protracted and tedious cases. Did time and space permit, I could give a large number of cases in proof of what has been and can be done by position. A few illustrative ones are given, but as before observed, the application of the principle is very extensive, and must vary with every case:

CASE I.—Mrs. P——. Was called in consultation, and this was one of the earlier cases to open my eyes in regard to position. Age 29; primipara in good health; been in labor three days; uterus dilated; vertex presentation; and pains strong. The cause of delay was not evident, but external examination showing some lateral obliquity, and viewing that as a possible cause, she was urged to lie upon the side to correct it. She said she could not upon the side desired, and would turn upon the back as soon as a pain commenced. Seeing this, we finally placed her upon the side desired, and kept her there during several pains, by one assistant at the shoulders and another at the hips. After about the second pain, the position was easy, and the case completed in a few hours, safely to mother and child. The proper position of the arm and the use of the abdominal bandage would have materially aided, if understood.

CASE II.—Mrs. M——, age 30. Multipara large and healthy; been in labor two days. Was sent for with view of instrumental delivery. Head presentation; uterus dilated; pains strong. Diagnosis, as cause of delay, lateral and posterior obliquity. Position on side, under arm flexed, and the use of bandage and support to back. Completed the labor successfully to mother and child within one hour.

CASE III.—Mrs. S——, age 31. Multipara healthy; been in labor two days. Lateral obliquity, and been kept in wrong position; strength greatly exhausted; head presentation; uterus dilated. Corrected position, after which labor advanced slowly, owing to the strength, until the head distended the external parts, when it was completed by forceps, safely to mother and child.

CASE IV.—Mrs. H——, age 34. Multipara health imperfect; in labor six hours; uterus dilatable; head presenting; pains weak. Diagnosis, inertia. Nothing seemed to do any good until, with great difficulty, she was made to stand upon her feet, supported at the shoulders. Immediately the pains were

strong, and, from choice or obstinacy, she would not lie down again; the second pain, within ten minntes, completing the labor.

Case V.—Mrs. K——, age 40. Multipara health good. In labor six hours; pains fair; uterus dilatable; head presentation. A bad case of placenta previa. Diagnosis, lateral obliquity. Placed on side, with arm back; the second pain, within five minutes, completing labor safely to mother and child.

Case VI.—Mrs. N——, age 17. Multipara healthy; in labor seven hours; pains good; uterus so high could not diagnose. After eight hours, found the head was resting upon the symphysis pubis. Placed upon the knees, on the floor and leaning far forward, the head just resting upon the side of the bed, and result was the successful completion of the case, within a few minutes.

Case VII.—Mrs. McG——, age 35. Multipara health fair; in labor ten hours; pains irregular, uterus dilated; funis prolapsed, the left foot and breech presenting. Replaced the cord and held it a time with the hand. Delay partly owing to lateral obliquity and pendulous abdomen. Tried the side position with bandage, but complained of position, and was no advancement, except to correct the lateral obliquity. Then placed on back, folded a thick quilt, until some ten inches thick, and placed under the hips, the breech and position preventing the return of the cord. The whole head was kept wet with tepid water. After ten minutes, the quilt was removed, and immediately a strong continuous pain came on, which brought the foot and breech externally, while a few more shorter pains completed the labor, saving the child. The pulsation of the cord was carefully watched, and care taken that the face was toward the sacrum.

After ten years of obsteteric experience, I confess that I knew very little—next to nothing would be nearest the truth—of the true principles which should decide the particular position best for each case.

Neither do I think that my case was exceptional, for I have never met or known of a practitioner who had investigated the subject in that direction. It is even to be feared that the convenience of the accoucher, and not the woman's condition, has oftenest decided the position. While thus groping in the dark, how trying some cases were, and how the poor woman continued to suffer, and we could not tell why, or even help her! How we tried, perhaps vainly, to induce her to "change her position," and very properly too, as almost any change might prove a relief. What accoucher has not experienced more or less of such cases, yet why they were so he could not discover; neither can any one tell in all cases.

Perhaps a physician's wife ought not to be a witness in her husband's case; but it is the opinion of my wife, that my obsteteric cases now average only about half the length of time that they formerly did.

I should feel to reproach myself for waiting so long since my attention was directed to the subject, before making it public, were not considerable time necessary for its satisfactory investigation.

Among the advantages sure to result from the future study of this subject, may be enumerated the following, viz.:

1. Lessening the sufferings of the mother, and the risk to mother and child.

2. Shorterning the duration of ordinary labor.

3. The necessity of instrumental delivery will often be avoided.

4. There will be a less number of "tedious," "powerless" and "obstructed" cases.

5. The community will be better able to discriminate between true science and pretension, in obsteteric practice.

6. The "curse" upon women will be partially removed.

7. Obsteteric practice will lose much of the dread which now usually attends it.

If I am too sanguine in my views and conclusions, the same are honestly expressed; and should they not all prove to be correct, I believe that they are in the direction of progress, and that what is now begun will be sure to be carried to greater completeness by future investigators.

The importance of the subject is my apology or the length of this communication.

THE
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EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, July 1st, 1873.

EDITORIAL.

AMERICAN MEDICAL ASSOCIATION.

WHAT WAS DONE AT THE RECENT ANNUAL MEETING CONCERNING ITS CONSTITUTION AND BY-LAWS.

Most of our exchanges have published the record of proceedings of the recent annual meeting of the American Medical Association so imperfectly and erroneously, that we have thought it proper to give a corrected statement of what was actually done in reference to improvements in the organization and practical working of the Association. Such caricatures as were published in the *Clinic*, of Cincinnati, over the significant cognomen of *John Smith, M.D.*, and copied by the Chicago *Medical Journal*, and partly by the Leavenworth *Herald*, are too contemptible to merit even a passing notice. But such periodicals as the *Medical Record*, the Philadelphia *Medical Times*, the Boston *Medical and Surgical Journal*, etc., should have sufficient regard for the interests of their readers to ensure a reasonable degree of correctness in stating the doings of the National organization. While the editors of most of these periodicals have remained at home, nursing their chronic habit of fault-finding, a few active-working members of the Association have been patiently endeavoring to keep out subjects of strife and contention; to increase the efficiency of the practical working of the Sections; and to make such improvements in the general organization, from time to time, as experience should dictate. To secure the first of these objects, in the future, the recent meeting of the Association adopted, unanimously, the following additional by-laws:

XI. Judicial Council.—A Council, consisting of twenty-one members, shall be appointed by the Nominating Committee, whose duty it shall be to take cognizance of and decide all questions of an ethical or judical character that may arise in connection with the Association. Of the twenty-one members of the Council first appointed, the seven first named in the list shall hold office one year, and the second seven named shall hold office two years.

With these exceptions the term of office of members of the Council shall be three years, seven being appointed by the Nominating Committee annually.

The said Council shall organize by choosing a President and Secretary, and shall keep a permanent record of its proceedings. The decisions of said Council on all matters referred to it by the Association shall be final, and shall be reported to the Association at the earliest practicable moment.

All questions of a personal character, including complaints and protests, and all questions on credentials, shall be referred at once, after the report of the Committee of Arrangements, or other presentation, to the *Judicial Council*, and without discussion.

To improve the practical working of the Sections, and add to the scientific value of the general meetings, the following regulations were adopted with great unanimity:

Resolved, That Sec. 9, Art. I. of the By-laws be amended to read as follows: "The reading and consideration of the reports of the Standing Committees of Publication and on Prize Essays, and of Chairmen of Sections."

Resolved, That Art. II. of the By-laws be amended as follows: In first paragraph strike out order of Sections as it now stands and insert instead,

"1. Practical Medicine, Materia Medica, and Physiology.

2. Obstetrics, and Diseases of Women and children.

3. Surgery and Anatomy.

4. Medical Jurisprudence, Chemistry, and Psychology.

5. State Medicine and Public Hygiene."

After second paragraph insert, "The Section on State Medicine and Public Hygiene shall be composed of one member from each State, representing, as far as practicable, the State Boards of Health. The officers of this Section to be also designated by the Committee on Nominations." "The Chairman of the several Sections shall prepare and read in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their re-

spective Sections; the reading of such papers not to occupy longer than forty minutes for each."

After third paragraph insert, "No paper shall be read before either of the Sections the reading of which occupies more than twenty minutes. Such papers shall be referred by the Section to sub-committees especially appointed for their examination. The sub-committees shall be allowed thirty days for such examination, at the end of which time they shall forward the papers to the Committee of Publication, with such recommendation as they may deem proper. The authors of such papers, however, may read abstracts before the Section, within the allotted twenty minutes. No member shall address the Section more than once on the same subject, nor speak longer than fifteen minutes, without unanimous consent."

Resolved, That Art. III. of the By-laws be amended as follows: Strike out all that relates to the Committees on Medical Education, on Medical Literature, and on Climatology and Epidemic Diseases.

Resolved, That Art. IV. of the By-laws be amended by adding, "The Committee of Publication shall have full discretionary power to omit from the published transactions, in part or in whole, any paper that may be referred to it by the Association, or either of the Sections, unless specially instructed to the contrary by vote of the Association."

Resolved, That a new Section—XII.—be added to the By-laws, as follows: "No new business, resolutions by members, etc., shall be introduced at the general session of the Association, except on the first and fourth days of meetings."

1. *Resolved*, That the Committee of Arrangements for each annual meeting of the Association are instructed to secure the services of a sufficient number of stenographic reporters to have one in attendance on the regular sessions of each of the Sections in the afternoon, as well as during the General morning sessions. That the reports thus obtained be printed, the same evening, on slips of proof-sheets, in sufficient number to supply all the members of the Association in attendance, early the following morning.

2. *Resolved*, That the necessary expenses incurred in carrying into effect the foregoing resolution shall be paid from the Treasury of the Association, in the same manner as other bills relating to the publication of the Transactions.

3. *Resolved*, That the acting Secretary of each *Section* shall keep a file of so much of the reports as relate to the business of the Section to which he belongs; and it shall be his duty to revise the same, carefully eliminating therefrom all that is unimportant, and arranging that which is found valuable and pertinent in proper form; he shall transmit the same to the Permanent Secretary for the Committee of Publication within twenty days after the adjournment of each annual session of the Association.

Whoever will take the trouble to compare the foregoing amendments and additions to the By-laws with the previous provisions, and their practical working, will readily perceive that they are designed to accomplish, first, a more efficient organization of the *Sections*, with more thorough examination, by sub-committees, of all papers presented, and full reports of their discussions; second, the presentation, in the general sessions, of an address on the progress of each of the important departments of medicine by the Presidents of the Sections, instead of annually repeated reports on Medical Education, Literature, etc.; and, third, the reference of all more personal, ethical in judicial matters, directly to a permanently organized and competent "Judicial Council." If the fault-finders, as well as the active friends of the Association, will study the provisions adopted, and aid in carrying them into practical operation, they will find little to complain of in the future meetings.

When the Association was first organized there were but few State Medical Societies in active existence, and it was thought best to provide for delegates from all regular medical organizations, whether societies, schools, hospitals or asylums; the object being to unite all the interest of the profession in the national organization. Such a course was undoubtedly wise at that time. But the door thus widely opened has led to certain abuses which need correction; while the regular State, County and District Societies have multiplied until they exist in almost every State and Territory in the Union.

Hence, it becomes an important question, which should be carefully considered, whether representation in the Association ought not hereafter to be restricted to such Societies. To bring this question to a practical issue, the

following amendments to the Constitution were offered, and will be ready for final action at the next meeting:

Dr. N. S. Davis, of Illinois, offered the following, which was laid over until next session:

It is proposed to strike out the second paragraph of Article II., commencing with the words, "*The Delegate*," and ending with "of Paris," and insert the following:

"The delegates shall receive their appointment from permanently organized *State* Medical Societies, and such County and District Medical Societies as are recognized by representation in their respective State Societies, and from the Medical Department of the Army and Navy of the United States."

Also, strike out all of the fourth paragraph of same Article II., beginning with "Each local Society," and ending with "one delegate," and insert the following:

"Each State, County, and District Medical Society, entitled to representation, shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number.

"The Medical Staffs of the Army and Navy shall be entitled to four delegates each."

Society Reports.

HISTORY OF MEDICINE.

AN ADDRESS DELIVERED BEFORE THE ALUMNI ASSOCIATION OF CHICAGO MEDICAL COLLEGE, BY LYMAN WARE, M.D., OF CHICAGO.

As it is my privilege and great pleasure, gentlemen, to offer, according to our established custom, some subject for your consideration, upon retiring from the chair, I have chosen as that subject, History of Medicine, which has been fascinating to me, and I hope may not be uninteresting to you.

It is well for us to seriously consider whether medicine is walking hand in hand in progress with her sister arts of utility, and wherein we can add our mite toward the advancement of our growing art—as it behooves us in these days of progress and of action to look well that our duty is discharged with promptness and fidelity.

For centuries medicine was not a science, but an art, and was designated as the "Art of Healing." No nation or tribe, civilized or barbarous, is known that has not had some species or other of medicine, learned or ignorant, natural or superstitious, which has ever aimed to promote health and alleviate human suffering, however different may have been the means employed. Probably the first step toward the foundation of medicine was in the form of diet. It was first observed that in certain indispositions a diminution of food, which was coarse and crude, tended toward recovery; subsequently the quality as well as the quantity was changed, and liquid food was given. Thus, as each patriarch overlooked the affairs of his own household, in time he became familiar with the regulation of diet and administration of simple remedies or decoctions of various herbs; and thus, soon was established the first dogma in medicine.

Every kind of medication which has cured one disease must also cure all analogous diseases. The inhabitants of earth early acquired the conviction that nature alone was insufficient in all cases to aid them, and that God helps most those who help themselves.

A little reflection easily explains why their temples were transformed into dispensaries, where patients from the most distant countries came to receive counsel and treatment. It was an age of ignorance, credulity and superstition. Diseases were regarded wholly as a celestial chastisement, and an evidence of the Divine wrath or displeasure, or the result of some malign influence, rather than as the effect of natural causes; and pestilences, which ravaged the nations and frequently almost depopulated towns and cities, were unhesitatingly referred to some unpropitious conjunction of the planets, or to the machinations of the devil. Therefore it was deemed more advisable to resort to prayers, expiations, sacrifices and exorcisms than to medicine. However strange, it is nevertheless true, the same general idea regarding the cause of disease is more or less prevalent today—as was so clearly manifested by the great outcry all over the land on account of the so-called materialistic proposition of Sir Henry Thomson.

As Egypt, during these earliest times, was pre-eminently in advance of all other nations in literature and the fine arts, so was she in medicine. As the Romans drew from the Greeks, so drew the Greeks from the Egyptians. Probably the first account of man practicing the art of medicine as a profession is that given in Genesis—nearly two thousand years before Christ—where Joseph commands the physicians to embalm his father. There are but few early biblical references to physicians; yet it is hardly possible that any antagonism could have existed between them and the prophets, notwithstanding the ac-

count given in Chronicles of Ara, who it is said "sought not the Lord, but the physicians;" immediately adding, either by way of a little humor or sarcasm, as if it served him well, "and Ara rested with his fathers."

There is so much of mythology intermingled in the accounts of the early history of medicine, that it is difficult always to separate the true from the false—the man from the gods. Chirou, the Centaur, had his office or den in a cave, and counted for his pupils all the celebrities of the age. Among the foremost was our father Æsculapius, of whom the god of the infernal regions complained to Jupiter that he rescued too many of his victims; and for such audacity earth suddenly knew him no more. Remembering his sad end, it is sarcastically said, his sons refrain from like prodigies.

The keenest observer, cleverest writer of early medicine, and the author of the "Reign of Medical Law," was undoubtedly Hippocrates. So high was the veneration in which he was held, that for centuries no one ventured to hold opinions contrary to his, or to penetrate deeper into the mysteries of health and disease. Born 500 years before the Christian era, of a family in which the practice of medicine was hereditary—the paternal side looking back to Æsculapius, the maternal to Hercules—he combined all the qualities that go to make a successful and worthy practitioner — intelligence, sincerity, love of his art and humanity. To him we are greatly indebted for that foundation upon which so much has been built, is building, and yet remains to be built. It was he who enunciated the dogma that "Diseases are cured by their contraries," a doctrine that held undisputed sway for more than twenty centuries, and when its converse was proclaimed to mankind, gave rise to much and bitter controversy. To-day we hold the empty theories of both in equal contempt. What care we how disease is cured — whether by sugar of milk or calomel, by fire or water, by perfect rest or constant movement? The alleviation of human suffering should ever be our highest aim, and not the confirmation of pet theories.

From the earliest ages down to the present time there has ever been an intense desire, with a view either to wealth or fame, to discover one remedy or law which shall prove of universal application. Sometimes a fancied discovery of this kind is called a doctrine, a method, a treatment, or a cure, according as it suits the fancy of the originator. All these, or the majority of them, true perhaps to a limited extent—and because true, so far successful — have failed, and always will fail when indiscriminately or universally applied. We believe in no panacea. No discovery of this kind can, or ever will be made, simply because there is no such remedy or law to discover. Disease, like every other phenomena, is subject to an infinity of laws, which must be met according to the form and direction which in each case they may have assumed.

While little attention was paid to so practical a subject as anatomy, the mind was ever busy concocting and discussing theories. The collection of Hippocratic aphorisms formed the subject of discussion and controversy for centuries. The most important aphorisms were those of coction and crisis, and the theory of the four elements and the four humors.

It was under the reign of the Ptolemies that the art of medicine took such rapid strides toward perfection. They encouraged not only the fine arts and general literature, by the establishment of the famous library of 60,000 volumes, but also favored dissections, by giving over to the scalpel all criminals and those who incurred public expense. To mitigate public opinion and prejudice against thus obtaining anatomical knowledge, the Ptolemies themselves participated in these dissections, and joined in anatomical discussions. Perhaps it may not be unkind to compare the praiseworthy action of these heathen rulers, who were surrounded by superstition and prejudice of every kind, with our own wise, liberal legislators, who most worthily and consistently refuse, unpaid, not only to favor the study of anatomy, which they have caused to be a penitentiary offence, but willingly do they exact large fines from those unhappy subjects who by hook or by crook, or rather by theft and concealment, have not obtained a most thorough knowledge of this important branch of their profession. Indeed, "Truth is stranger than fiction;" and as generations in the future read of our Christian and humane law-givers, they will doubt the truth of history.

When Alexandria was ruthlessly destroyed, and with it the library of the world, so perished for ages liberal and progressive medicine. Doubtless this retardation was not owing wholly to the abandonment of the study of anatomy, but also to the rapid extension of Christianity, which engendered in every mind a passion for religious controversy, to the exclusion of everything medical, disorganized the schools, and discredited the *profane* sciences. Everything was swallowed up in the bottomless abyss of scholasticism and demonology. Wars, pestilence and famine were the order of the day. As God was

invoked in vain, men turned to Satan. They wasted their time and energies in vain and fruitless discussions, such as whether a spirit could live in a vacuum; and, in that case, would the vacuum be complete? Whether Adam and Eve, not being born in the natural way, showed the umbilical. They theorized concerning vital principles, and other mysterious entities; heaped hypotheses on hypotheses, careless of their foundation.

Fortunately, it was at this time the prevailing opinion that there was an antagonism between practice and theory, experience and reason. The practitioner must be confined to observation, the theorist to logic. In this way mankind was not made the victim of visionary men. Perhaps it is to be regretted that so salutary an opinion should have ever been disproved. Certain it is, had it been, Haunkernaun would have been unknown to fame.

The Church, whether Roman or Protestant, ever looked with jealousy toward innovation and investigation. During these days of darkness and power she punished terribly all those who ventured to even question the authority of the age. It is terrible to think how many great lights must have been extinguished — how many discoveries nipped in the bud by the vigorous stamping out of heresy. Such was the sad end of Michael Servitus, the discoverer of pulmonary circulation, in the middle of the sixteenth century, almost anticipating by fifty years the great discovery of Harvey; and for his pains, Calvin burned him and his works together at the stake, leaving but one scorched volume to show what he had done; and he was only one of five hundred that were burned at Geneva alone. When Eddin, a doctor of Sarboum, remonstrated against such wholesale cruelty, for his philanthrophy he was shut up between four walls, without food or drink.

While such a belief in demonism prevailed everywhere, it is not to be wondered that the utility of medicine was doubted. The efficacy of relics and charms was universally acknowledged. The efforts of physicians were directed to the invention of nostrums and counter-charms — not to the investigation of the causes of disease, the careful observation of their phenomena, or the mode of action of the remedies prescribed for them. Even Servitus, when he had almost grasped the great secret of the complete circulation of the blood, instead of proceeding with the investigation before the little bonfire of Calvin was lighted, assumed all other errors except the one he had disproved and discredited.

In 1514 a man of genius and courage, a true reformer, Tesalius, made his appearance. He it was who did not see Galius' porosities of the heart, and dared say so.

It is interesting to read Harvey's own words of his truly wonderful discovery: "I floated undecided, without knowing upon what opinion to rest. Finally, from redoubled care, and by comparing the various results, I believed I had put my finger upon the truth, and commenced unravelling the labyrinth. From that time I never ceased to communicate my views, either to my friends or to the public." And yet it was a half century before his discovery was acknowledged. During these times—the middle ages—there prevailed the terrible doctrine that attributed everything to the agency of evil spirits, and medicine became a routine of superstitious practices. We are told of one who practiced blood-letting to an unlimited extent. After three bleedings he would add a fourth, for the reason that there are four seasons, four quarters of the globe, and four cardinal points. After the fourth he took a fifth, because there are five fingers in the hand. To the fifth he would add a sixth, for did not God create the world in six days. But the number must be made seven, there being seven days in the week and seven sages of Greece. An eighth bleeding had to follow, eight being a round number; and a ninth, because God loves odd numbers. Such and such a plant was considered beneficial if gathered at the new moon, but deadly poison if gathered at the moon wane. If the solar eclipse took place, a dragon was supposed to have swallowed the sun. When a pestilence raged, the invisible arrows of an offended Deity struck down the victims; when a volcano burst forth, some subterraneous demon was presumed to be at work. Even the Reformer, Luther, believed that the devil tormented him with an earache.

Within the past few years the same idea or spirit was manifested by Brigham Young, when he said: "If we have faith to feel that the issues of life and death are in our power, we can say to disease, that is, the devil, 'Be ye rebuked in the name of Jesus, and let life and health come into the system of this individual from God to counteract this disease,' and it will be done."

From this state of affairs the transition to consider diseases as entities was most natural. To-day we speak of tumors being malignant or benign; of diseases as yielding or increasing, of attacking or invading, thus attributing to them powers of perception and action. The morbid entities which perceived, felt and acted, were the vindictive enemies of the human race. The term "heroic," as applied to

practitioners and remedies, had its origin in this imaginary strife for life and death with diseases, as if they were intelligent and implacable foes to the existence of mankind. The attitude of the doctor toward disease was believed to be that of an antagonist, hence the epithet Allopathist, used by persons even of to-day, and by persons of education. If one declines being called an Allopathist, the chances are greatly in his favor of being stigmatized as some other "*ist*" which may be still more unpleasant.

The doctrine of signatures actually held sway until the beginning of the last century. It was a sweet and attractive idea to suggest that God had impressed a signature upon objects in nature capable of being used for cure, and that this signature consisted in a resemblance either to the disease to be healed or to the part where it was situated. The idea never can be forgotten as long as the Anglo-Saxon tongue is spoken. Under its guidance the sparkling eyebright was gathered by the mediæval oculist. Liverwort and lungwort were used to heal the organs they were considered to resemble. Jaundiced persons were immersed in baths of the yellow wild cucumber. Hæmorrhages were arrested after the application of the red-speckled blood-stone. Wine-colored gems were worn and called amethysts, because they performed the easy task of letting the wearer know when he had drunk too much (probably by an apparent haziness of outline of color). Scarlet bed-curtains were a cure for scarlet fever, measles, or any disease with a red eruption of the skin; and the grandfather of Maria Theresa died of small-pox, wrapped, by order of his physician, in twenty yards of scarlet broadcloth. The lung of a long-winded fox was a cure for asthma and shortness of breath; and the heart of a nightingale was prescribed for loss of memory. However beautiful and poetical the theory may have been, the practice was *nil*. As the proof of the pudding is in the eating, so is actual experience the test of all theories. Those which cannot stand this test are destined, sooner or later, to be thrown aside, even be their founder never so enthusiastic.

Hippocrates early pointed out the importance of ascertaining the temperature in disease; and yet more than two thousand years elapsed before any advancement was made in this direction. Nothwithstanding instruments of precisive and delicate workmanship have been provided, how few are there who avail themselves of this means of diagnosticating disease! Heat, from time immemorial, has ever been considered the principal phenomena of fever and acute disease; yet without a well-graduated thermometer, the determination of the amount of heat is mere guess-work. Wunderlich is the modern Hippocrates. By means of the thermometer he has fully confirmed the theories of the old man of Cos, of crisis and critical days. As we most devoutly wish positive diagnosis to transplant conjecture and imposture, as astronomy did astrology, as chemistry did alchemy, so must we avail ourselves of every means that determines definitely the extent of disease.

Before Franklin interfered in the monopoly of Jupiter, and claimed a seat in the ring of the gods, when the Æsculapian sons wished to impart electric life, it was customary to withdraw the fire from the electric eel.

Charlatans have long used this most valuable and powerful remedy as a panacea; but thanks to the untiring energies of a few hard-working, scientific men of our own time, the dark days of its history are over, and can never return. Though not a panacea, it is probably as useful as any other remedy in the *materia medica*. It is yet to be determined *when* and *how* this fiery agent can be best employed for the relief and mitigation of human suffering.

It is to Lœnnec the world is indebted for the science of auscultation; yet its appreciation was exceedingly limited for years after his death. Even as late '36 a writer spoke of the stetheoscope, sneeringly, as "The toy is a new toy;" as though the child would throw it aside the moment a newer one was granted. To-day auscultation, either intermediate or mediate, is universally acknowledged as absolutely necessary to the correct diagnosis of disease, and is one of the corner-stones of life insurance.

Percussion, aptly called the elder brother of auscultation, the difference in their ages being over half a century, had almost died at birth, and was disinterred by Coonivart, in 1808; but it was not really resuscitated until it became associated with auscultation.

The method of treating disease by hypodermic injections, which was suggested to Alexander Wood, of Edinburgh, by Ferguson's treatment of naevi by the injection of tincture of iron, is of still later date. It is to be regretted that it is not of more general use to-day. Many, became dissatisfied with the method on account of the exceedingly poor instruments that were at first used. So great indeed was the bias that a gentleman of high rank in the profession, only a short time since, denounced the instruments as worthless "*squirt-guns*," the use of which was unbecom-

ing the dignity of the man or the physician.

As Allopathy strictly, so called, is now numbered in the past, where, we might well ask, is there a place to be found for Homœopathy? as her mission heretofore has ever been that of fault-finding and opposition, instead of tracing out the causes of and preventing disease. Of all the instruments which have ever yet been applied to scientific research, and the advancement of practical medicine, none certainly equal the microscope. It is, beyond a question, the most efficient means in the hands of the physician for the determination of disease; and he who neglects its aid, literally neglects a host of help.

It may not be unwise to consider for a moment what may be the medicine of the future. As many of the most valuable articles of the *materia medica* are of recent introduction, it is reasonable to suppose that others of at least equal value will be introduced. It is to be greatly hoped that the *modus operandi* of medicines will be better understood, thereby simplifying the treatment of many diseases. We well remember the wise words of a venerable practitioner who remarked that when he began his professional career he had twenty remedies for every disease; now he had one remedy for twenty diseases. The natural history of disease is exceedingly incomplete. One of the most eminent men in our land has said that here alone is ample scope for useful labor. A sure career of usefulness and honor is open to any who are able and willing to spend a series of years in first recording causes of disease, and, second, subjecting the accumulated histories to careful analysis and comparison.

The poet of the Greek race-course was right in saying, "'T is the trial that proves the man." Clinical researches and empirical decisions must always hold the most important part of any department of medicine. Never, probably, was there a time when they were so highly appreciated as now; so that with much confidence we can leave to be estimated by this measure the restorative system of therapeutics which has been so rapidly gaining ground during the past few years among all teachers of medicines.

Looking through the dim vista of the future, there are those who are enthusiastic enough to believe they catch a glimpse of that longed for Canaan when all curable diseases will be cured; preventable, prevented; and all contagious diseases, properly so-called, will be blotted out of existence. We stamp out the cattle-plague, and if the plagues of men touched the same obvious and immediate pecuniary interests as the cattle-plague, we might stamp out similar calamities among human beings.

PROCEEDINGS OF THE ALLAMAKEE COUNTY MEDICAL SOCIETY.

WAUKON, Mich., May 8th, 1873.

Pursuant to the adjournment of a previous meeting, a number of the physicians of Allamakee county met at Waukon, May 7, 1873, for the purpose of forming a permanent Medical Association for the county, Dr. H. E. McNult, of Dorchester, in the chair.

A Constitution and By-Laws were presented, approved and signed by the gentlemen present, viz.:

J. S. Green, Luther Brown, Postville; H. E. McNult, Dorchester; S. H. Drake, Rossville; W. C. Earle, T. H. Barns, Waukon; B. E. Brockhansen, E. Stuger, Lansing.

On ballot the following members were elected officers of the Society:

T. H. Barnes, President; E. Stuger, Vice-President; S. H. Drake, Secretary; W. C. Earle, Treasurer; J. L. Green, H. E. McNult, B. E. Brockhansen, Board of Censors.

On motion, Dr. Hedge, of Waukon, was unanimously elected an honorary member of the Society.

The Secretary was authorized to furnish credentials to any member desiring to attend the State Medical Society. The Fee-bill of the North Iowa Medical Society was read by the Secretary and adopted, with the exception of mileage, which was fixed at fifty cents per mile in the day time, the rate at night remaining unchanged.

Drs. Brown, McNult and Brockhansen were appointed Essayists by the President.

The following subject was presented by Dr. Stuger for discussion at the next meeting: "The Physiological Effects and Therapeutical Value of Alcohol."

On motion, it was decided to hold the annual meetings at Waukon on the first Wednesday of May of each year, the place of holding the other meetings to be decided by vote of the Society.

On motion, the members of the Society were authorized to strike a balance of their ac-

counts at the end of every quarter, viz. : At the end of March, June, September and December, and all balance due at such times shall draw one-half per cent. per annum.

On motion, the Secretary was directed to have the proceedings of the Society published in the Postville *Review*, Lansing *Journal*, Waukon *Standard*, and Chicago MEDICAL EXAMINER.

Adjourned to meet in Waukon on the first Wednesday of September, 1873.

S. H. DRAKE, *Secretary.*

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.—REPORTED BY P. S. HAYES, M.D.—*Meeting June 9th*, 1873. Dr. Walter Hay read, by request, a paper on the Therapeutic Action of Alcohol. He first gave an outline of its effects on circulation, respiration, and enervation. All of the phenomena thus produced may be attributed to paralysis of the vasso motor nerves, the inhibitory fibres of the pneumogastric, and a quasi-paralysis of the nerves and the hemispheres. Enervation finally reaches its lowest ebb, and when the person is fully under the influence of alcohol, vegetative life alone exerts its way. Paralysis exists in every phase of acute alcoholism.

After the reading of the paper, a general discussion ensued, in which Dr. Hay explained how it was that alcohol acted by overcoming nerve action in certain specified cases, where its use had been found to be advantageous.

Dr. W. C. Lyman reported four cases which had occurred in his practice. The first was a case of spurious pregnancy; the second was a case of malformation of the external genitalia, in a woman; the third a fracture of the cranium, with subsequent abscess and loss of brain substance, followed by recovery; the fourth was the formation of enormous scibalous masses, and their retention for a time in pouches formed in the colon. The cause was attributed to indigestion and constipation. The evacuation of these masses, which occurred at different periods, produced peritonitis, while the voiding of the last was followed by hæmorrhage and death.

The meeting then adjourned.

THE THERAPEUTIC VALUE OF GELSEMINUM.—Dr. Philip C. Williams, Baltimore, Maryland (*Baltimore Medical Journal*), in an extended paper on the value of "Gelseminum," believes that it will cure all pure, simple neuralgias of the cerebral system with promptness and efficiency; that it will relieve cerebral congestion; that it controls maniacal excitement, and a variety of conditions resulting from derangements of the central nervous system. For these and analogous disorders he recommends gelseminum as a most powerful and efficient remedy.—*Southern Medical Record.*

Book Reviews.

Hand-book for the Physiological Laboratory. By E. Klein, M.D., J. Burton Sanderson, M.D., Michael Foster, A.M., M.D., and F. Louder Brunton, M.D. Edited by J. Burton Sanderson. In two volumes, with one hundred and thirty-three plates. Vol. I., Text; Vol. II., Plates. Philadelphia: Lindsay & Blakiston, 1873.

This work, according to the author's preface, is intended for beginners in physiological work. It is a book of methods, not a compendium of the science of physiology, and consequently claims a place rather in the laboratory than in the study. The practical object of the book is kept strictly in view, both in the arrangement and the selection of the subjects. The plates are excellent, comprising some three hundred and fifty illustrations.

The names and reputation of the several gentlemen by whom the different portions of the work have been prepared are sufficient guarantee of the practical value and importance of the matter contained.

A Treatise on the Principles and Practice of Medicine. By Austin Flint, M.D. Fourth Edition. Carefully Revised. Philadelpnia: Henry C. Lea. 1873.

The scope and character of this standard work are too generally known to require any extended review. Ever since the first edition was placed before the profession, in 1868, it has continued to rank as the leading American text-book on the practice of medicine. The present edition has been carefully revised and brought fully up to the times in all departments.

Original Communications.

CHOLERA.

BEING THE SUBSTANCE OF A LECTURE DELIVERED TO THE SUMMER CLASS IN THE CHICAGO MEDICAL COLLEGE, BY J. S. JEWELL, M.D.

Your attention is called to this subject because of its importance, and because of the probability that the disease may prevail in various parts of the country this year, and because I entertain certain views in regard to its pathology and treatment which, if they are not new, are not common. In what I am to say I shall give you simply the *conclusions* at which I have arrived after a somewhat protracted study.

I. Its Cause.—The true causes of disease are seldom positively known. We behold certain phenomena or *effects* which, taken together, constitute this or that disease. But the *causes* of the effects are seldom known—often unknown. However much this is to be regretted, it is no matter of surprise to those who are at all acquainted with the progress and philosophy of medicine. The above remarks are especially true for epidemic diseases, such as cholera is.

Much is said, I know, about bad air, bad food, bad water, etc., as *causes* of cholera. But these unhealthy agencies always exist the same, as a rule, when cholera does not prevail and when it does. Like causes produce like effects. If such agencies could cause cholera one year, they should every year; but they do not. It is true, no doubt, that such agencies may make it *worse* if it comes, or afford the reason why it prevails most in ill-ventilated localities, in large cities, where people are crowded together and have bad food, and live in dirty habitations, and are filthy in person. But they cannot be the essential and peculiar cause of the disease. Then what *is* the cause? It has, perhaps, never yet been positively discovered. But for various reasons I cannot give you to-day, we may *infer* something as to its nature and mode of action.

Judged from such a point of view, the cause of cholera is probably a vegetable microscopic organism, which appears occasionally—like the grape-blight, for example—and depends on conditions, atmospheric and otherwise, at present unknown.

This minute vegetable organism (or its spores) is supposed to be introduced into the blood in some way, in which it rapidly multiplies. It is further supposed, while circulating in the blood, to act on the nervous system, not unlike many powerful poisons of a vegetable origin are known to do.

You will remember that there are two parts to the nervous system, which differ from each other in some respects. One part, the cerebro-spinal system, is the immediate bodily instrument of the mind, the seat of true sensation, the spring of voluntary muscular motion, the organ of our mental acts. The other part, the sympathetic or vaso-motor system, is not the seat of true sensation, has but little if anything to do with voluntary muscular motion, and is not the organ of our mental acts. It is especially concerned in the circulation of the blood; in exciting and controlling the actions of the small muscular arteries—the heart in part—and in all those actions which are naturally removed from the influence of the will.

Though these things are so, these two parts (if we may so call them) of the nervous system are closely related, and within certain limits perform similar functions. Now, it is on this latter part of the nervous system the cause of cholera is supposed to act. To produce the effects we observe in cholera, and in view of what is now known in relation to the functions of the vaso-motor nervous system, it must act on it, as we may more fully see as I pass on.

As chloroform, for example, so acts on the cerebro-spinal system as to abolish true sensation, the power of voluntary muscular motion, and, as a rule, all mental action, and yet permits the circulation, respiration, etc., to go on much the same as in health, so the presumed poison of cholera, on the other hand. It acts on the vaso-motor nervous system, whatever else it may do, but spares the cerebro-

spinal nervous system, which is only secondarily affected. Consequently the mind remains clear, as a rule, sometimes even till death, amid the most signal wreck of what have been called the organic functions. The effect of the poison in question on the vaso-motor nervous system is greatly to diminish, or even destroy, its power and its sensibility, such as it has. Inasmuch as the action of the heart and small muscular arteries is as dependent on this nervous system as the voluntary muscles are on the spinal cord and brain, this loss of power and excitability in the vaso-motor nervous system is followed by weakness in action, or a sort of paralysis of the small muscular vessels, on the action of which the circulation of blood through the capillaries is almost absolutely dependent.

Immediately the action of the heart becomes feeble, and the capillary circulation in great measure fails. In consequence of this all of the functions dependent on a due circulation of the blood also fail in a measure. The skin becomes cold, because, unless a healthy amount of blood, well supplied with oxygen, is circulated, animal heat cannot be produced. The blood does not circulate in the small vessels of the lungs any better than those of the skin, and hence it does not absorb oxygen only imperfectly. Because the blood is not oxygenized it becomes dark, or what is called *venous*. This imparts a dark or livid hue to the skin, especially such parts as have most blood. All the functions comprehended under the title of nutrition suffer, or may even be abolished. On every hand, and for plain reasons, there is prostration of the powers of life, especially *organic* life.

Beside the foregoing phenomena, there are others yet to be noticed, most striking of all. They relate to the vomiting and purging. How can we explain these phenomena? Very easily, on the theory I have just stated.

The blood goes out from the heart to all parts of the body, through the arteries, until it comes to the smallest of all the vessels, the capillaries. In most parts of the body, after it has passed through the capillaries, it enters the veins and proceeds directly toward the heart. But in case of the stomach and bowels this is not so. The blood is sent to the stomach and bowels, especially the lining mucous membrane of the same, by the arteries, as to other parts. It enters and passes through the capillaries into the veins as elsewhere. But here the similarity to other parts ends. The blood, once in the veins, does not go to the heart direct, as in most other parts. It is collected into what is called the *portal vein*, which, instead of going toward the *heart*, goes toward the *liver*, and there divides again in the liver up into thousands of small vessels, which terminate in the capillaries of the liver. It thus happens that the portal vein has capillaries at both ends. Thus the blood from the alimentary canal, which has had to struggle as it were through *one* set of capillaries in the mucous membrane of the bowels, must now pass through *another* set, in a massive, solid organ like the liver is. If the heart and small muscular arteries have in great measure lost their power to circulate the blood through *one* set of capillaries, much more have they lost it to propel the blood through *two* sets of capillaries.

The blood from the arteries, at each beat of the heart, goes to the intestinal canal, but can get only imperfectly beyond the portal vein. This vein, and the capillaries back of it, and soon the arteries of the mucous membrane of the alimentary canal, become greatly distended and stretched with blood. Every heart-beat renders this state of things worse. In a short time, if this state shall continue, two things must happen:

1. There will be a loss of balance in the circulation. Too much blood will be collected in the vessels of the stomach and bowels, and by just so much will there be too little elsewhere, especially in parts remote from the heart, as the skin and exetremities. They become pale and shrunken, because they have so little blood. It is penned up, as it were, in the vessels of the stomach and bowels, and each pulsation of the heart makes things worse until recovery begins.

2. The blood-vessels—especially the capillaries and veins of the mucous membrane of

the bowels—become exceedingly full of blood—are distended and swollen. At last, from the expansive pressure within, and the thin-tense state of the walls of the vessels, the watery part of the blood—like sweat from the skin on a hot day—begins to exude from the surface of the mucous membrane lining the bowels. It soon, in bad cases, fills the bowels with the serum of the blood. This is soon vomited up or purged away, constituting what is called the "rice-water" discharge. In this way the vessels are partially relieved from their over-distension. But still the heart sends blood to the seat of the disorder, and in this way the distension, which is relieved by exudation, is maintained, and the unhealthy process goes on. Nearly eight-tenths of the mass of the blood, and more than that of its volume, is water. With the rapid discharge from the alimentary mucous membrane of the watery part of the blood, and no available means to supply it back again, the blood becomes viscid or thick. This makes the circulation of the blood still more difficult, especially in massive organs like the brain, spinal-cord, kidneys, liver, etc. The body becomes, in bad cases, greatly shrunken or emaciated, and suddenly so, from the loss of so much fluid. The patient has inexpressible thirst, and drinks freely, if permitted, only to vomit it up again. And a moment's consideration will show that the stomach and bowels are in such a state as to render the absorption of fluids, and indeed anything else, all but impossible—because the vessels of the mucous membrane of the bowels are already distended to such a degree that the contained fluid is oozing out in little streams through the sides of the vessels. This is why drinks or medicines of any kind do so little good in the stage of collapse or depression in cholera. They are not absorbed, and, in the nature of the case, cannot be. If the case is a bad one, these things go on rapidly from bad to worse, and the patient—in a cold, pulseless, shrunken state—dies quietly, as a rule. But if not so bad, especially if appropriate treatment is applied, the patient begins soon to improve.

Such, in brief, are my views as to the pathology of cholera. They have not been hastily formed or adopted. They are not the views commonly held. Their value will depend on the practical use that can be made of them. A rational pathology should indicate plainly a correct line of treatment.

Let us see what the practical deductions are that may be drawn from the foregoing views of the pathology of the disease. If the cause be such as above supposed, all we can do at present practically to prevent the disease is to avoid anything or everything which would tend to impair the power and health of the body. Eat plain, fresh, digestible food; take simple drinks; avoid bad air, whether in or out of doors; do not become exhausted by too much exercise, either physical or mental; get plenty of sleep; do not be afraid of the disease, and in this way enfeeble the powers of resistance to morbid influences. By such means one may not escape the cause of the disease, but he may acquire and preserve sufficient power to resist its action successfully; and these things are found to be true in great measure. So much for the *prevention* of the disease.

I will come now to *curative* measures. I will confine my remarks to the treatment of the stage of depression or collapse, because it is incomparably the most important. If a patient passes this period he is justly considered as comparatively safe. Now, what treatment do our views of pathology dictate?

1. That medicines given by the mouth cannot be absorbed, in most cases, only imperfectly; and by just so much are useless. If a fluid could be absorbed from the mucous membrane of the stomach, why not absorb that which is already in the stomach, but which is vomited so freely up? There may be cases in which these remarks do not hold good, but they must be rare. If these observations are just, we must look in some other direction with our medicines. We need prompt and decisive action. We need to have something introduced into the blood to act, if possible, both on the blood and as a powerful stimulant to the vaso-motor nervous system. Now, how shall we get it there, and what shall it be?

2. What can we use that will act powerfully and certainly on the vaso-motor nervous system, and also on the blood, or the assumed cause in it? As regards the first point, I would name *strychnia* and *caffeine*, and also *morphia*. But the first two agents stand first in rank, in my judgment. They are known to be powerful and reliable nerve stimulants. They should be used by means of the hypodermic syringe. The sixteenth to the fortieth of a grain of strychnia may be given in combination; one to three grains of caffeine, or the eighth of a grain of morphia; or they may all be given at the same time, and in the same solution, with advantage. These hypodermic doses should be given at least once an hour, with intermediate doses of the caffeine. The alkaloids may be rubbed in distilled or rose-water, adding, generally, three to five drops of acetic acid to the ounce of water, to insure or aid in making the solution. Placed beneath the skin, in the areolar tissue, if the circulation has not absolutely stopped, there is every reason to expect the medicine will be absorbed. In this way you may certainly know how much has been taken; and it cannot be vomited up. This point in treatment—viz.: the sub-cutaneous employment of the remedies named—is one of capital importance, and deserves a most persevering and thorough trial, whatever else may be done. I can hardly speak with sufficient emphasis here. I fully believe, and not without pretty good reasons, that the stage of collapse may be more successfully met in the way indicated than in any other known. Let this course then be faithfully tried—all the more so when we see how patients are carried away on every hand, even under the best modes of treatment ordinarily pursued.

Beside the agents already recommended, I would use one other; and I am guided to its use solely by my views of the pathology of the disease. If the cause of the disease be as has been supposed, then it would seem some of the antizymotics could be employed with advantage. In this relation I would recommend the use, hypodermically, of carbolic acid, in a solution of suitable strength. It has been already used with very decided success in miasmatic or intermittent fevers, and in the same way. I would expect it to destroy or check the production of the supposed microscopic organisms in the blood.

It might be used, also, as a sort of prophylactic, even by the mouth, in connection with suitable hygienic regulations. Beside these internal means, I would use most faithfully the external application of heat—in no small or fitful way, but severe frictions—continued with only brief intervals, if any at all, until the patient exhibits unmistakable signs of recovery or death. I would use stimulants externally freely, especially the alcoholic. But, to be of service, these external means must be employed unfalteringly and heroically, in bad cases. In this way the circulation can be greatly facilitated in the surface and extremities, and no small portion of the blood won from the abdomen or alimentary mucous membrane, and in this way the volume of the blood in a measure retained until the vaso-motor nervous system has been in some measure restored by stimulation, and, in consequence, the circulation which depends on it.

Such, in brief, are my views in relation to the pathology and treatment of cholera.

Treatment of the Inflamed Breasts of Nurses.—The method here recommended is so simple that no one need hesitate to adopt it, provided he is called in before the mischief has reached a certain degree of development. It is wellknown that engorgements of the mammary glands are frequently caused by chapped nipple. The inflammation of the skin extends directly into the ducts, exudations take place by which some of the ducts are plugged up, the milk is pent in, and hence the engorgement. If, now, in such a case, the breast be surrounded with the hands, and pressure made in the direction of the nipple, a thin, transparent, whitish vesicle is caused, by the milk accumulating behind the closed orifices of the ducts. It is necessary, then, to do this, and, having done it, the next thing is to prick the vesicle with a needle, to remove any epithelial scales which may be present, and to apply the infant. If time has not been lost unnecessarily, the relief is almost immediate, and pain and tumefaction disappear in a few minutes; but even when it is otherwise, the relief is very marked, and by repeating the process a few times, the sufferer is relieved altogether.—*Southern Medical Record.*

Society Reports.

REPORT OF THE NECROLOGIST.

CHICAGO, March 13th, 1873.

TO THE PRESIDENT AND MEMBERS OF THE ALUMNI ASSOCIATION OF THE CHICAGO MEDICAL COLLEGE:

Gentlemen: — The Necrologist has the honor to report the completion of biographical sketches of Drs. M. N. Rust and G. W. Willson, which are here presented. He is anxious to gain information regarding Drs. D. J. Allaban, J. M. Kendall, E. B. Rockwell, J. J. Samuels, and Lucius Dillie, all deceased alumni of our alma mater. He feels certain that no alumnus who shall become aware of this fact will fail to report to him any facts he may be in possession of regarding the history of any of these gentlemen.

Respecfully submitted,

NORMAN BRIDGE, *Necrologist*,
267 W. Monroe street.

GEORGE WARE WILLSON, CLASS OF 1864.

Dr. Willson was the only child of James L. and Clarissa W. Willson, and was born in Tremont, Tazewell County, Illinois, December 10th, 1838. His father has been much of his life a druggist. His mother's maiden name was Clarissa Richmond Ware. His parents removed to Chicago, in 1846. On the opening of the High School he entered it as a pupil, and graduated with the first graduating class. He then spent some time in a drug store of his father's, and afterward began the study of medicine with Drs. Andrews and Johnson. He attended lectures in the Chicago Medical College, and graduated with the class of 1864. On the breaking out of the war, young Willson entered the 12th Illinois Infantry. Subsequently he was in the hospital under Dr. Horace Wardner, of Cairo, following the army in various marches. He resolved, in the autumn of 1862, to enter, if possible, the medical service of the navy, and accordingly presented himself for examination at Philadelphia, September 25th, 1862. He passed successfully his examination, and was at once appointed Acting Assistant Surgeon. An order was issued to him on the next day to report for duty to Rear Admiral Lee. He was assigned to duty at Newberne, N. C., and for a time had medical charge of the Steamer "Hetzel." Afterwards he had charge of the hospital at Newberne, and was on duty in both at the time of his death, which occurred on September 24th, 1864.

His work was very hard, with the double labor of his two positions, and his health gradually failed, until he should have been relieved from duty. But during those years there were no surgeons unemployed; it was difficult for a useful man to be spared, and Willson remained at his post.

There was sent, during the latter part of the summer of 1864, from the far South, a quantity of clothing that had been taken from hospitals where the yellow fever was prevailing. Some of this was sent to the hospital at Newberne.

Yellow fever soon broke out among Willson's patients, and after battling against it in the bodies of others, he himself was attacked with it, and died September 24th. His age was 24 years, 9 months and 14 days.

Dr. Willson had a great love for his profession. He had descended from a long line of physicians on his mother's side. His great great grandfather, William Ware, was a surgeon in Wales, and emigrated in the early time to this country. His great grandfather and grandfather were both physicians, and both named George Ware.

Willson was fond of all scientific studies; he had a good inventive genius, and took great interest in machinery. His disposition was mild and cheerful; his opinions were founded in reason, and not on tradition; and he had a hatred of cant and ceremony. In religion he was of the Unitarian belief, and belonged to that denomination. He was educated in this religion, and his reason and conscience approved of it. He was a strict temperance man, and took the pledge, when only eight years old, of Father Matthew. He was a strong anti-slavery man, and detested oppression anywhere, and of any sort. He was never married. An old classmate of his, a man of candor, and who was his warm friend — Dr. S. H. Bottomly — puts on record the following estimate of the character of Dr. Willson, as well as some facts regarding his life: "It was my good fortune to know him quite intimately, from the time he commenced his studies until he entered the naval service. We occupied the same room for nearly a year, during which time we pursued the same studies. Willson was an average student; did not acquire knowledge easily, nor comprehend readily; but ideas once obtained, remained fixed in his mind; while, by industry and constant application, he overcame difficulties which otherwise would have been unsurmountable. He was of an exceedingly genial disposition; was easily excited to laughter, which, when once heard, was never forgotten. He was slow to

anger, having his passions well under control. Although of an unassuming nature, he kept his eyes open to the chances in life; and although young, stood high in the regards of his friends."

MELVILLE NIEL RUST, CLASS OF 1865.

The subject of this sketch, was the son of Elam and Mary P. Rust, and was born at Waddington, New York, November 10th, 1840. His father was a native of Vermont, the Rust family having removed from Connecticut in 1760, and settled in Windsor county. His mother's name was Foot, and was born in New York. She is still living. Her father was the first pioneer of St. Lawrence county, having moved from Vermont.

Elam Rust was a lawyer, and practiced in St. Lawrence county until 1842, when he removed to St. Clair county, Illinois. He died at Macon in 1857. He was, during most of his residence in Illinois, publisher of a newspaper. Dr. Rust had two brothers and one sister, all of whom are now living.

Dr. Rust's educational advantages were chiefly the common school, which, in that day and region, were not of the best. After the death of his father, he was placed for nearly two years at a high school at Ogdensburg, New York. Leaving there in the spring of 1859, young Rust at first, seemingly by association, drifted into the printing business, and, until he finally engaged in the study of medicine, he was, at irregular intervals, engaged in this employment. During the latter part of 1859 he was in a printing office in Omaha, Nebraska. Then he entered a drug store, where he continued for some time. In 1861 he went to St. Louis, whither his mother had removed. He soon accepted a position as manager of a printing office in Effingham, Illinois. He paid a visit to Cairo, to his acquaintances among the recruits just then congregating there, and, among other troops, he found the 8th Illinois Infantry, commanded by Col. Oglesby, now Senator. This regiment had many old friends, and he enlisted in Co. B, on July 25th, as a private. Soon after, the 12th Illinois Infantry, under Col. John McArthur, reached Cairo, and Dr. Horace Wardner — once a professor in the Chicago Medical College — was its Surgeon. An acquaintance of the Rust family, he requested that Melville be transferred to his regiment, and be detailed as his Hospital Steward. This request was granted. In the capacity of Hospital Steward, young Rust served at Fort Donnelson and Shiloh. It was while thus acting that he conceived the notion of studying medicine. He began his study at once, and Dr. Wardner gave him every advantage. At this time, the army around Corinth was deficient in regular medical officers, and "Contract Surgeons," were, to a large degree, on duty with the regiments. Mr. Rust, before long, applied for a discharge from the service, that he might accept a position as "Contract Surgeon," believing that, should his request be granted, he would always be on duty under the direction of an experienced surgeon. He obtained his position, and was assigned to the 81st Ohio Infantry, which, at that time, had no regular medical officer. So well pleased with his conduct were the officers of the regiment, that they obtained the office for him, from the Governor of Ohio, of a commission as Assistant Surgeon. Rust had never attended a course of lectures, and here was a "short cut" to a professional position. He declined the offer. Meanwhile, large bodies of troops were gathering around Vicksburg, and men were rapidly getting sick, and medical officers were deficient. All the contract surgeons near Corinth were ordered to the front, Rust among them, being assigned to a Wisconsin regiment. This regiment occupied an isolated position, and had no other medical officer of any description, and had several hundred sick men. He procured transportation, and sent such as could be moved to Memphis to a general hospital. Without counsel of experienced physicians, there were many of the cases for which, with his meager knowledge he could do nothing. Impressed with his awful responsibility, he often afterwards related, with tears, the anguish at the duty that was placed upon him, and he incompetent to discharge it; and on the arrival of a surgeon from Wisconsin, he secured a cancellation of his contract.

He now became Quartermaster's Clerk, under Capt. B. J. T. Hanna, and remained until after the fall of Vicksburg, when he resigned and came north. In the fall of 1863 he entered the Chicago Medical College, and at the end of the term went to Mound City, and spent the season under the tutelage of Dr. Wardner, who had charge of a hospital at that place. He returned to the lecture term of 1864 – 5, and graduated at the close of the season. He now applied to Gov. Oglesby for a position as Surgeon in one of the new regiments then forming. Oglesby wrote in reply that, on account of his youth, he could only apply for a place as Assistant Surgeon, and enclosed a permit for him to appear before the State Examining Board for examination for such a position. By some mistake,

the paper was so worded as to allow him to apply for either a position as Surgeon or Assistant Surgeon, and he at once presented himself to Dr. Daniel Bramont, the member of the Examining Board for Chicago, for examination for the higher position. Dr. Bramont was reluctant to admitting one so young in years and in the profession to examination for Surgeon, but was willing to examine him for Assistant Surgeon. But Rust insisted that the issue ought to depend upon the merits of the examination itself, and on nothing else, and Bramont consented.

The examination was long and severe, and at its close, Rust received the certificate for which he applied. He was at once appointed Surgeon, and assigned to the 154th Illinois Infantry, and was, with his regiment, ordered to Nashville. Rust was soon detailed to join the staff of the Post Commander, and take charge of the Post Hospital. Here he remained until his death, in the summer of the same year. The 154th regiment was stationed near Nashville, and his Colonel having died early in August, Dr. Rust rode out to attend his funeral. His horse was high-spirited and restive, and became unmanagable, and plunging down one of the narrow streets of the town, bore his rider into the midst of a wagon-train which blocked up the way. Rust was injured, and soon dismounted and gave his horse to an Orderly, and retiring to an adjacent office, asked permission to lie down. After rest he felt better. During the night he was attacked with dysentery. He continued, however, to prescribe for others, until the Hospital Steward, satisfied his mental faculties were becoming impaired, sent for Dr. Perkins, Medical Director. Dr. P. declared Rust beyond the reach of treatment, and he died August 13th. His body was embalmed and brought to Chicago and buried in Rose Hill Cemetery.

In physique Dr. Rush was erect, strong and robust. He was a man of great resolution, and conclusions once formed were acted upon promptly and vigorously. With a pleasing address and genuine nature, he had many friends whom he would do almost anything to serve. He had an exalted idea of the honor of the profession, and his industry and enthusiasm marked him as one who, had he been spared, would have earned substantial honors.

In a communication to the writer, Dr. Wardner says of him, speaking of his first connection with the army: "He entered the 12th regiment in the summer of 1861, and turning his attention to the study of medicine, made such progress and showed so much ability and judgment that he was discharged in the summer of 1862, for the purpose of accepting an appointment as Acting Assistant Surgeon." In referring to his character, Dr. Wardner says: "His was a noble, generous nature. He was unusually ready in acquiring knowledge, and his judgment in the application of his knowledge to the every-day work of life was superior."

His devotion to his widowed mother was worthy of imitation.

PROCEEDINGS OF MONTGOMERY COUNTY MEDICAL SOCIETY.

LITCHFIELD, Ill., June 23, 1873.

The Society met at the office of Drs. Colt & Blackwelder, in Litchfield, on the 23d ult., at 9 o'clock A. M., the President, Dr. H. H. Hood, in the chair. The minutes of the last meeting were read and adopted. The roll called, a good attendance being present. The presentation of written reports being next in order, Dr. I. W. Fink read an interesting paper on some of the graver forms of disease, dwelling particularly on peritoneal puerperal and erysipelatous cases, giving statistics of mortality, and the months which were the most fatal. The pathology of the latter was made prominent as an index to treatment. Free and prompt incisions were recommended in the phlegmonous form. The paper elicited a spirited discussion, and a variety of views were expressed, both as to pathology and treatment. Dr. Barton was inclined to favor the use of cold, in peritoneal cases, freely and continuously applied, so long as agreeable to the patient—believing the best results flowed from it, in combination with antiphlogistic treatment and liberal use of opium.

Dr. Harman confirmed this practice, and reported several cases of a bad type, which he believed were indebted to this for their recovery. He proceeded to draw a comparison between this and the use of warm fomentations, giving a decided preference to the former.

In regard to *local* applications, in cases of erysipelas, he he had some doubts as to the *amount* of utility in them; believing the disease a blood poison, and that the treatment should be largely constitutional, and generally of a supporting character.

Dr. Cook thought he had received much benefit from the local use of the tinct. iodine, diluted with a persevering and thorough course of tonics—iron and quinine having the prominence.

Dr. Washburn's experience agreed with Drs. Barton and Harmon as to the use of cold in peritonitis, beginning with water of ordinary temperature, and adding ice when agreeable to the patient—continuing this course until the fever subsided, and the patient objected to its use. Besides the iodine as a local application, he had been in the habit of using glycerine and carbolic acid, especially on children, on account of its anæsthetic influence. Tincture of chloride ferri, saturated with quinine, he had found also serviceable, both externally and internally.

Reports of cases being called for, Dr. Washburn reported a case of protracted and severe Sciatica, the patient, Mr. Abner Short, being present. After exhausting *all* the usual treatment, among which was blistering and dressing the same with morphia, galvanism, aconite, iodide and bromide of potassa, alteratives and tonics, at the end of a month he was forced to use the hypodermic injection of morphia, the pain was so severe. In a few minutes afterwards the pain disappeared, and the effect continued for some twenty-four hours; and since then, under the daily use of this for more than six weeks, he has left his bed, is going about, and gaining strength; but when the influence dies out the injection must be repeated. Query: How shall we *wean* him?

The discussion of this paper was postponed until 2 P. M. Dr. Colt having been called away, the report on Surgical Treatment of a Class of Female Diseases was postponed. No other reports being at hand, Dr. Washburn presented a brief paper on the subject recommended by the President of the last National Medical Association, Dr. Thos. M. Logan, viz.: "The Duty of Using the Public Press to Impart such Useful Medical Information as the People Need, and have a Just Right to Expect."

The Doctor, fully endorsing the President's views, and appealing to the profession to lay aside all false notions and unsafe precedents, believed the time had arrived when we should be heard through the daily press in our efforts to educate the people in many things connected with Physiology, Hygiene, and the great science of life.

Th paper drew out a lively discussion as to the manner, extent, and propriety of the same, but was generally endorsed, the debate extending past noon. The Secretary announced an invitation to the Society from Dr. and Mrs. Hood, to tea at 6 P. M., which, on motion, was accepted.

Adjourned to 1½ P. M.

AFTERNOON SESSION.

The Society met at 1½ P. M. Dr. Caldwell, of Zanesville, put in an appearance, and, on motion of the Censors, was admitted a member of the Society.

Dr. Cook read a case of Cerebro-Spinal Meningitis, followed by another paper by Dr. Hood on a case of injury complicated with Cerebro-Spinal Meningitis, and reports on the various forms which this disease assumes. Its pathology and treatment were ably discussed by Drs. Caldwell, Harmon, Barton, Fink, and others. The results of treatment in the late epidemic, though of greater severity, were far more favorable than any *previous*, and the rate of mortality largely reduced. Of fifteen cases treated by Dr. Caldwell, only four proved fatal. Ergot, cantharides, and calabar bean, were prominent remedial agents.

At the close of this, a large interchange of views was had, and, on motion, a committee was appointed to collect statistics and report at our annual meeting. The President named Dr. I. W. Fink as chairman, and all the members were invited to forward to him everything of interest connected with this very grave disease.

The case of Sciatica being again called up, Dr. Cook suggested the hypodermic treatment be continued, and the patient be put on a nerve tonic, like the compound phosphorous pill, or ioduform and iron. Dr. Caldwell advised the withdrawal of the opiate as soon as possible, some milder anodyne, and more liberal use of galvanism—the continuous current for four or five hours every day—dry cupping, etc., with the use of tonics. Dr. Colt suggested vapor baths and counter-irritants, and, if necessary, a seton. Some had found benefit from strychnia, belladonna and stramonium combined.

The hour having arrived, the Society took a recess to witness the removal of a steatomatous tumor by Dr. Colt, at the Bowlby House, from a married lady, otherwise healthy. This tumor had been observed for over two years, and occasioned much pain, owing to its peculiar position in the region of the occiput, and being somewhat imbedded among the tendons and fascia, required some time and patience to remove. The Dr., placing his patient under the influence of ether and chloroform, made as small an incision as was possible, so as to avoid an unpleasant scar, and gradually dissected it all out. Immediately following this, a boy of some ten years of age being present, with congenital club-foot, he was etherized, and tendo-achilis and some of the fascia and tendons on the

inner sole of the foot severed by the subcutaneous operation, giving the Society a little variety from their protracted labors on a very hot day. Three other patients were also present for examination and advice—two of Dr. Whitten's. A case of paralysis of forearm, the young man having been thrown from a wagon and the wheel passing over it just above the elbow, making some abrasion of the skin only. He was unable to raise the hand or arm, though he had a fair grip in his fingers. Strong liniments, the douche, and galvanism, with strychnia internally, had been used for some weeks, but very little relief given. The other, a case of amaurosis from a blow. No perceptible difference from the sound eye (Referred to specialists). Third, Mr. ——, some fifty years of age, sallow, thin and cyanotic in appearance; had been an invalid for months, and had suffered much from many physicians; circulation not disturbed; some induration of right epigastrium and over the liver, with quite a jaundiced appearance of abdomen, while one inch to the right, and two inches above umbilicus, there was evident softening and *pointing*, and the conviction was *abscess*—no evidence of *embolism*.

Dr. Hood presented a very singular case of acute rheumatism in a girl of thirteen, having had a recurrence of the disease annually since she was six years of age, and recovering without unpleasant sequelæ. Query: How can its recurrence be prevented?

The following resolutions were then acted upon:

1. *Resolved*, That the organization of a *District Medical Society*, comprising within its limits such counties as are of easy access to each other, would be promotive of medical science and the best interests of the profession participating therein, and of the community served by them.

2. *Resolved*, That, with a view to the organization of such a Society, the Secretary of this Association be instructed to open correspondence with the Medical Societies of the counties of Sangamon, Macon, Christian, Shelby, Madison, Macoupin, Bond and Fayette.

Which were unanimously passed.

3. *Resolved*, That as members of the Medical profession, we ask no *class* legislation; we foster no isms or pathy, but we protest against these *traveling* mountebanks, who swindle the people with false pretenses. We think the time has arrived when legislation should carry out the *will* of the people by declaring them nuisances, and every municipality should impose such onerous license as would insure prohibition. We ask that the public be protected against regular and irregular quackery, and every one who administers and attempts to practice medicine be required to give evidence of adequate knowledge of the system and the remedy that every bottle and package of medicine exposed for sale be labeled with the ingredients of the same, and that the vile *things* that pander to the corrupt and the vicious, and publicly advertise to destroy life, and prevent the laws of nature, should be dealt with as the grossest and most abandoned criminals of the age.

Action on this resolution was laid over to the annual meeting of the Society in December next; and, on motion of Dr. Barton, the Secretary was instructed to correspond with the local and district societies of the State in regard to their co-operation in the action which the resolution contemplates.

On motion, the Society adjourned, when the members in a body proceeded to Dr. Hood's and partook of a bountiful repast, thus closing one of the most profitable and pleasant Society meetings we have ever enjoyed.

THOS. D. WASHBURN,
Secretary.

CASS COUNTY MEDICAL SOCIETY.

LOGANSPORT, Ind., June 25th, 1873.

Many of the physicians of Cass County, Indiana, assembled in the Court House in Logansport, Wednesday, June 25th, pursuant to notice, for the purpose of organizing a County Medical Society.

The meeting was called to order by Dr. Bell, of Logansport, and Dr. Justice called to the chair, with Dr. Goodell, of Walton, as temporary Secretary.

A Committee on Business reported an order of exercises, which was then taken up.

Drs. Coleman, Adrain and Thomas, the Committee on Permanent Organization, reported the following offices to be filled by ballot: President, Vice-President, Secretary, Treasurer, and three Censors.

Drs. Faber, Bell and Washburn, the Committee on Constitution, reported a code, which, after some discussion, was adopted.

The Society next proceeded to elect officers for the coming year as follows: J. A. Adrain, President; Wm. H. Bell, Vice-President; J. H. Goodell, Secretary; J. M. Justice, Treasurer, and Drs. Coleman, Washburn and Thomas, Censors.

Dr. Justice thanked the Society for the honor conferred upon him by electing him temporary Chairman, and introduced Dr. Adrain, the President for the coming year, who

made a fine speech on the effect of associated effort, and hoped the examples he had adduced would be incentives to more earnest action in our profession.

The following gentlemen came forward and signed the By-Laws: J. A. Adrain, Armard; Wm. H. Bell, Logansport; J. H. Goodell, Walton; J. M. Justice, Logansport; Jno. Wilds, Logansport; J. B. McElvrey, Curvton; G. W. Nafe, Big Indian; Jno. Herman, Logansport; R. Faber, Logansport; James Thomas, Royal Center; J. V. Hoss, Logansport; J. B. Washburn, Logansport; B. C. Stevens, Logansport.

The Secretary was instructed to have the proceedings published in the Logansport papers, the "Chicago Medical Examiner," and the "Indiana Medical Journal."

The Society then adjourned to meet on the third Wednesday in October, at the Court House in Logansport, at 1 o'clock P.M.

J. A ADRAIN, *President.*

J. H. GOODELL, *Sec'y.*

HOMŒOPATHY IN MICHIGAN UNIVERSITY.

At a late meeting, the Board of Regents of Michigan University passed the following resolutions:

WHEREAS, The Legislature of the State of Michigan, at its last session, re-enacted the law of 1855, requiring the appointment of Homœopathic Professors in the Medical Department of the University; and, whereas, it has always been claimed by the Board of Regents that the law was an infringement upon the rights and prerogatives of the Board; and, whereas, the Supreme Court of the State has refused to grant a *mandamus* requiring the Regents to comply with the law, thereby substantially confirming their action, therefore,

Resolved, That we maintain the position heretofore taken, and decline to make the appointments required by the law.

Resolved further, That we do this in no spirit of factious opposition to the apparent will of the Legislature, but because we believe the true and best interests of the University demand it.

Resolved, That we re-affirm the former action of the Board expressing a willingness to take official charge of an independent school of Homœopathy, and connect it with the University, whenever the means shall be provided for the payment of its professors.

Gleanings from Our Exchanges.

THE CAUSES AND NATURE OF HYDROCELE. — Every clinician has met with cases of lesion of the testicle accompanied with hydrocele, but they have all considered the lesions not as a cause of the hydrocele, but as a complication or a consequence of the compression exercised by the liquid about the testicle. In the author's opinion, based upon eight observations of cases occuring *au hazard* in the same year, the testicle is far from being absolutely sound in simple hydrocele, for in all the cases epididymus was more or less indurated. In some, the body of the testicle showed a certain augmentation in volume and consistence, and was at the same time painful to pressure:

It should be added that no one of the patients had had orchitis; they were all free from blemish by syphilis, blenorrhagia or phthisis; in short, the testicle upon the opposite side was perfectly sound. There was manifest thus, a kind of partial epididymus, most frequently alone; more rarely accompanied by a swelling in the body of the testicle. This epididymus is always sub-acute; indolent, and but little painful; yet there was always enough inflammation present to cause an abundant effusion from the tunica vaginalis.

What, then, is the cause of this orchitis, which engenders the hydrocele considered spontaneous? If attention be paid to these cases, it will be seen that the majority of the individuals affected with hydrocele, have passed the fourth, even the fifth decade of life. At this age lesions of the neck of the bladder, and of the prostate are common, (prostatic calculi, uric gravel, hypertrophy of the prostate, varicose condition of the neck of the bladder, etc.) Thus, there exists in advanced life a low form of irritation about these parts, which extends to the epididymus and testicle; and is the first cause of orchitis. — *Panas, Arch. Gen. de Med. — France Medicale, June 7th*, 1873.

TREATMENT OF CONSUMPTION AT THE BROMPTON HOSPITAL. — T. G. Roddick, M.D., House Surgeon to Montreal General Hospital, writing from London to the *Canada Medical and Surgical Journal*, says that two thousand gallons of cod-liver oil are consumed in that institution in a year. Lead, turpentine and gallic acid are the sheet anchors there in hæmoptysis. Although the physicians are beginning to use ergotine hypodermically with moderate success, they do not depend on the latter remedy in severe cases. — *Medical Record.*

Successful Transplantation of a Rabbit's Conjunctiva, and its Adaptation to the Human Eye. — J. R. Wolfe, of Glasgow, reports the case of a foundryman, thirty-one years of age, where, in consequence of a severe burn from a mass of red-hot iron, there had resulted an extensive symblepharon, glueing the lid firmly to the ball, in such a position that its ciliary border covered the upper edge of the pupil. Six weeks after the injury, when the inflammation had entirely subsided, Dr. W. dissected the lower lid from its attachments to the ball, and, to prevent its re-adhering, sutured, on the raw surface thus produced, the conjunctiva which he then dissected from the eye of a rabbit. The animal was under the influence of chloroform, and the part selected was that covering the nictitating membrane. The eye was dressed with dry charpie and a compressive bandage. On the day following, the transplanted conjunctiva had a grayish aspect, and warm fomentations were ordered. On the second day the eye was swollen and very painful, but the conjunctiva had lost its gray hue and become vascular. On the eighth day, he was discharged, cured; the eye-ball freely movable, and the transplanted conjunctiva healthy and adherent throughout. A few days subsequently, an iridectomy was successfully performed at the upper, inner quadrant of the cornea, with the result of restoring him to useful eyesight. The patient was seen two months subsequently, and the condition of the eye was still entirely satisfactory. The author then gives a second, somewhat similar case, with equally favorable result.— *Glasgow Med. Jour.*, 1873.— *Philadelphia Times, June 21st*, 1873.

Convulsions treated by Chloroform. — In confirmation of the experience of Mr. Mowatt, recorded in the *Journal* of May 31st, I may mention that some years ago, in a severe case of convulsions in a child aged seven months, I tried the chloroform treatment, and finding it beneficial, have continued it to the present time, with the best and most successful results. I only use the warm bath, etc., where I dare not treat with chloroform. When I am called to a case of convulsions, the first thing I do is to administer chloroform, and keep the patient under its influence until the convulsions have passed away. When the child wakes, I give small doses of bromide of potassium, taking care that the bowels are freely opened. I fully agree with Mr. Mowatt as to the caution required in treating cases where disease of the brain is at work. — *Frazer.* — *British Med. Journal, June 14th*, 1873.

Treatment of Psoriasis.—We observe in a recent number of the *British Medical Journal* that that leading dermatologist, Dr. Tilbury Fox, thinks that the treatment of psoriasis by arsenic internally, and tarry preparations externally, is erroneous, and much too generally employed. For his own part, he has almost entirely given up this plan of treatment, except in certain chronic cases, and where there is a syphilitic taint, when he found Donovan's solution of great value. In all other cases, he relies mainly upon soothing applications locally, viz.: wet packing, alkaline and sitz baths, and oily preparations; and internally, remedies in accordance with the constitutional diathesis. This plan of treatment is especially successful in acute cases occurring in young children. Dr. Fox lays great stress upon psoriasis being treated on the same principles as other cases, with due regard to constitutional and other causes likely to affect and modify it.—*Medical and Surgical Reporter.*

The Employment of Pessaries. John Lambert, M.D., Salem, N. Y., (*Journ. Gynæcological, Soc.*,) in a communication on "Uterine Displacements," says that the use of pessaries in these cases complicates treatment, and hazards successful results. In a certain proportion of cases of uterine displacements, a comparatively small number of well-fitting pessaries, in the hands of intelligent and skillful gynæcologists, are essential to the cure, not only of the mal-position, but also of the abnormal condition of the organ which accompanies it. A pessary, of whatever kind, when employed for the mechanical support of the uterus, is a foreign body, liable so do serious, and perhaps fatal mischief, and never should be placed in situ without great circumspection on the part of the physician. It has no miraculous power, and its potency for harm is very much underrated.

He is of the opinion that intra-uterine, or stem pessaries, should seldom be used. Of the various forms of intra-vaginal pessaries in use, he prefers and employs the closed lever made of hardened rubber, and the soft ring made of delicate elastic strips of fine whalebone, covered with pure rubber, made by Tieman & Co. — *Medical Record.*

A mixture of pulv. steatite (soapstone) two parts, and hyd. chlor. mitis one part, is the most elegant and effective dry application to the chafed skin of infants. Dry hyd. chlor. mitis, applied once or twice a day to tumid and hemorrhoids situated about the anus, rarely fails to cure them in a few days. —*Dr. A. S. Hudson, in the Pacific Medical and Surgical Journal.*

Chronic Eczema of the Extremities. — Dr. MacCallum, of the Montreal General Hospital (*Canada Med. and Surg. Jour.*, Nov. 1872), successfully treated an obstinate case of this affection, the patient, male, being forty-two years old, as follows: A solution of potassa caustica gr. v, to water ℥ ij, was used outwardly; being brushed lightly over the eruption once daily. The following mixture was ordered internally: ℞. hydrarg. bichlor. gr. iv; liq. arsenic, ♏xv; acid hydrochlor. dil. ʒ iss; aquæ ad ℥ viij; M. — ℥ ss, ter die. — *Medical Record.*

Excision of Superior Maxillary. — John P. Wall, M.D., of Tampa, Florida (*Atlanta Med. and Surg. Journal*), records a case of excision of the superior maxillary bone, the patient being a female child of eight years. The chief interest of the case consisted in the absence of any kind of pain, the rapidity of the growth without known cause, and the rarity of such a diseased condition of this bone in children.

Carbolic Acid in Obstinate Leucorrhœa. —Dr. Whitaker, of Cincinnati (*Cincinnati Lancet and Observer*), speaks highly of carbolic acid in the treatment of obstinate leucorrhœa. The application is made upon the cotton - wrapped sound. The instrument, so enveloped, is first introduced and the uterine surface cleansed; a new layer of cotton is substituted, medicated by immersion in a solution of proper strength, and applied to every portion of the uterine cavity.

The London Medical Societies. — The presidents of the various medical societies of London, for the year 1873, are as follows: Pathological Society, Sir Wm. Jenner; Obstetrical Society, Dr. Edward J. Tilt; Harverian Society, Dr. T. Ballard; Royal Medical and Chirurgical Society, Dr. C. J. B. Williams; Clinical Society, Prescott G. Hewett; Medical Microscopical Society, Mr. Jabez Hogg.

Ligation of Right Carotid Artery. — Dr. Pigne, Dupuytren (*Pacific Med. Jour.*), exhibited to the San Francisco Medical Society a patient on whom he had successfully performed the ligation of the right carotid artery for aneurism. The ligature came away on the seventeenth day. In five months the tumor had entirely disappeared.

The Raising of Children Doubled. — Dr. Farr reports that the proportion of children raised has doubled within a hundred years. In London, the proportion of deaths under five years were —1730 to 1749, 74.5; per cent.; 1770 to 1789, 51.5 per cent.; 1851 to 1870, 29.8 per cent.

Book Reviews.

The Mineral Springs of the United States and Canada, with Analyses and Notes on the prominent Spas of Europe, and a list of Seaside Resorts. By Geo. E. Walton, M.D., etc. New York: D. Appleton & Co. For sale by Jansen, McClurg & Co., Chicago. 12mo., 390 pp.

The author has endeavored in this volume to arrange all the known facts concerning Mineral Waters, in such manner that they shall be readily accessible. As a practical, scientific treatise on the Mineral Springs of the United States and Canada, this little work supplies a want long felt by the profession generally. A comparison of the various mineral waters of this country with those of the most prominent European Spas, shows that, although the Springs as yet developed do not present a complete list of the various classes of waters, still, for the treatment of many diseases we have waters equal to any in the world; and one potent subdivision, the aluminous chalybeates, the author states, are found nowhere but in America of equal strength. Several maps accompany the work, showing the location, means of access, etc., of the various Springs.

The Function of the Eustachian Tube, in its relation to the Renewal and Density of the Air in the Tympanic Cavity, and to the Concavity of the Membrana Tympani. By T. J. Rumbold, M.D. St. Louis: S. W. Book and Publishing Co., 510 Washington avenue.

Opthalmic Contributions. By Geo. Strowbridge, M.D. Including: I. Dermatoid Tumor of the Cornea. II. An Additional Method for the Determination of Astigmation. III. Cyst of the Iris, removal by operation. Philadelphia: Lindsay & Blakiston.

A Guide to Urinary Analyses, for the use of Physicians and Students. By Henry G. Pifford, A.M., M.D., etc. New York: Wm. Wood & Co. Chicago: Jansen, McClurg & Co. 12mo., 90 pp.

Report of Columbia Hospital for Women, and Lying-in Asylum, Washington, D.C. By J. Henry Thompson, A.M., M.D., Washington, D. C.: Government Printing Office.

Normal Ovariotomy. By Robert Beatty, M. D. Rome, Ga.: from the Atlanta Medical and Surgical Journal. Atlanta, Ga.: Herald Publishing Co.

Original Communications.

REMARKS UPON CEREBRO-SPINAL MENINGITIS, WITH REPORTS OF CASES.

BY PROF. J. H. HOLLISTER, OF CHICAGO MEDICAL COLLEGE.

While the above name will readily designate the disease to which I wish to refer, I am sure many observers will agree with me that the term does not by any means compass its pathology.

It is also obvious, that while we may easily state what we do *not* know with reference to it, it is a matter *not so easy* to state much of which we *are* positive.

It *is* certain that it is often one of the gravest diseases which we are called to treat, and quickly decisive in results.

It *is* certain that, here and there, it appears among the people in endemic form, and yet giving no possible clue to the reason why any particular person should become its victim.

It *is* certain, also, that in some localities it has the prevalence and characteristics of an epidemic.

Some of its pathological phenomena are also clearly expressed, while doubtless others equally important are as yet undiscovered; nor is it now possible to argue *a priori* as to when, and where, and under what circumstances it shall prevail, and where and under what circumstances there shall be exemption.

It is by no means certain that the producing cause holds any intimate relation with that malaria which genders periodical fevers. A thousand instances can be cited where intermittent diseases have prevailed extensively, with not a case of meningitis. Neither is it true that it does not appear in our large cities. Cases without number are found in the geographical centers of our largest cities—cases where no malarial symptoms were manifest, either in the person, or to be found, so far as could be ascertained, in the entire neighborhood, and where the patient had been for a long period of time subject only to such influences as were developed in their own homes.

It will not do, therefore, hastily to assume its relations and dependence upon what we term malaria, any more than it will do to assume, with our present knowledge, that the tawny complexion of those who live in malarious districts is dependent upon the debris of the dying "ague plant."

Nor can we, I think, assume that any given numbers of symptoms are invariable factors of this disease.

Whatever the producing cause may be, one thing mid many *uncertainties is* certain, and that is, that, as it is developed in different persons, it has widely different manifestations. Time will not permit me now to enumerate them; but in this connection I will submit *two* carefully noted cases, which, so far as they go, will corroborate the above:

CASE I. — That of a robust little boy, aged four years. His home, on Michigan avenue, in Chicago, gave him no proclivity to ague. His health had been unusually good; he was, in fact, the picture of health and happiness. No imprudence in eating or exposure could explain to us the cause of the attack.

June 21st, 1872, was called to see him. Complaining of occasional pain a little below the stomach, with slight sensation of cramping of the abdominal muscles, and vomiting at intervals. The bowels had recently moved naturally; the tongue showed no appreciable derangement of the secretions; the mind was perfectly clear in its action; and the circulation was as yet undisturbed.

I sought, by one-grain powders of calomel, given at intervals, followed by a portion of oil, to gently move the bowels, and relieve from the effects of any disturbing ingesta — for as yet I did not anticipate the development of this disease.

June 22d. — There had been a moderately free movement of the bowels; and though it had been followed by an anodyne mixture, the pain in the abdomen was still more intense, and the vomiting more severe, As yet the pulse was scarcely disturbed, and there were *no* cerebro-spinal symptoms to be detected.

It seemed to me, after careful examination, that I had to do with some form of gangli-

onic nervous affection, and that the solar plexus was its location. Hoping to allay the morbid excitability, I prescribed five-grain doses of the bromide of potash every four hours, and at the intervening two hours a mixture representing in each dose three drops of chloroform and three of deodorized tincture of opium.

June 23. — The general symptoms were not only not relieved, but, in connection with the abdominal symptoms, there was clonic spasmodic action of the lumbar muscles; and now, for the first time, there was cervical opisthotinos. The patient yet replied intelligently, but now began to complain of pain in the head.

June 24. — There was rigidity of the posterior cervical muscles, with difficulty of deglutition; muttering delirium; slight strabismus; constant tendency to rotation of head to left side, with but little increase in the force or frequence of the pulse, and no vomiting. The action of the bowels, accomplished by enemas, gave no unhealthy appearance, and during this period the kidneys performed their functions naturally. The urine was natural in color, and contained no albumen.

The tincture of calibar bean, with fluid extract of ergot, was now given as freely as the condition of the patient seemed to warrant.

June 25. — The cervical opisthotinos was permanent; the right upper and lower extremities were as unmoved as if perfectly paralyzed; the left hand was carried to the nose with great uniformity of action, as often as twice every minute for hours at a time, and as often brought back to fall passively at the side; the partial rotation of the head to the right side was as uniformly continuous; the pupils were largely dilated, and did not respond to the stimulus of light. This general condition of things continued, without obvious diminution, till the fatal termination on the 30th of June. As the vital powers began to fail the pulse became gradually accelerated, but there was no special depression at any time, and no marked febrile action. During the last two days the opisthotinos was not so marked, and the use of the right hand and foot were regained, showing that there had been no permanent paralysis of that side.

There was at no time the mottled appearance which has given to this disease the name of "Spotted Fever." The question will arise: Was this a genuine case of Cerebro-Spinal Meningitis? I reply that, during the last ten years, I have seen many cases, with and without the spotted appearance, and I had not a doubt of its nature; and this opinion was fully substantiated by several of our leading physicians, and among them the senior editor of THE EXAMINER, who was several times with me in consultation. There was no opportunity in this case for *post mortem* examination. We may note in this case the absence of febrile action; the absence of any cutaneous capillary congestion; and the absence for two days and a half, at the outset, of any symptoms which could be referred to the *head*. No pain was located there; the facial expression was natural; the pupils responded to light; the mental powers seemed undisturbed, and the cranial nerves seemed for that period to perform their functions naturally. The natural condition of the neck, and the steady action of the heart and respiration forbade the idea that either the pneumogastric or the spinal nerves were involved in centric *lesion*.

CASE II. — Annie McCammon, living in the geographical center of Chicago, with no malarial disease affecting persons in the vicinity; aged twelve years; rather frail of form and delicate, and possessed of a very impressible nervous organization. Had enjoyed her usual health, and arose, feeling fully as well as usual, on Sabbath morning, May 11th, when, without any assignable cause, at eight o'clock, she commenced vomiting, at the same time complaining of severe headache.

Almost immediately, with violent spasmodic action, she became nearly unconscious, after several hours, answering a sharp loud inquiry in a monosyllable. Opisthotinos was at once developed; the head was so thrown back that swallowing was difficult; the pupils nearly equaled the iris in size; respirations 20 per minute, pulse 80.

May 12. — Lying quiet. Opisthotinos continued; difficulty in arousing her: complains then of pain in the head; pupils slightly sensitive to light; kidneys acting naturally; bowels quiet.

May 13. — Still complains of headache, and refers it to the frontal region; pupils still dilated; skin cool; no fever; pulse 70 per minute, and soft; muscular contraction the same; deglutition very difficult; respirations natural; bowels quiet; urine free; answers a little more freely.

May 14. — Muscular contraction still as severe; urine loaded with phosphates; no action of bowels; deglutition difficult; sleeps a little, but very restless; pulse *only* 46 per minute; respirations 14.

May 15. — Semi-comatose: can be roused to answer briefly; pulse 62; respirations 16, and nearly natural; opisthotinos still severe; motion of the head occasions great pain; skin warm, dry, and of a slightly pinkish hue; urinates freely and consciously; pain in the head severe; pupils nearly natural: respond readily to light; strabismus noticed for the first time; congestion of conjunctiva; restless during the night.

May 16. — Lies nearly unconscious; pulse 64; respirations a little labored; groans constantly with pain in the head; head still drawn back with great force; pupils of unequal size, and irregular in shape; answers imperfectly; swallows with less difficulty; urine free, with sediment; bowels moved *twice*, and naturally; skin warm, and still of delicate pinkish hue; tongue moist and natural, and has been from the first.

May 17. — Opisthotinos a little diminished; consciousness considerably restored; groans with each breath; still complains of great pain in the head; pupils nearly the natural size; some thirst; pulse 72, and nearly natural; skin warm, but no feverish feeling; *no rash at any time;* no discoloration; had one sleep of two hours' duration; average sleep half an hour.

May 18. — More conscious; eyes natural; complains of pain in the head piteously; extreme *thirst;* bowels incline to diarrhœa; urine pretty free; skin warm — no discoloration; pulse only 52 per minute, and feeble; prostration *more marked.*

Treatment to date. — At the onset, I procured what I knew to be a reliable tincture of calabar bean, and an equally reliable fluid extract of ergot. I so combined them that each teaspoonful represented, with the ergot, fifteen drops of the tincture of calibar bean. I ordered a teaspoonful to be given every four hours; and for these six days no other medicine had been administered. I now ordered one grain of quinine to be given in a teaspoonful of syrup of phosphates, at equal intervals two hours after, and alternating with the first prescription.

May 19. — Consciousness restored; pulse 60; respirations natural; calls incessantly for *food;* not so thirsty; opisthotinos a little relieved; diarrhœa controlled with turpentine emulsions; urine scanty, but natural; arms pained by moving; skin cool and natural; no rash; sight double.

May 20. — More natural in appearance; pulse 70, and natural; opisthotinos still persistent; constantly complaining of pain in the head. Continued quinine and phosphates, with half the dose of ergot and calabar bean.

May 21. — Symptoms worse; pulse 72, and soft; skin soft and natural; severe opisthotinos; clonic spasms of the entire post spinal muscles; pupils again largely dilated; seeming paralysis of left side; constant carrying to or retiring the right hand from the head; tendency to prostration more marked; stupor; urine free; bowels quiet. Continued quinine and phosphates, and ordered full doses of ergot and calabar bean, and six drops tinct. opii. deodorata, with each dose of the last.

May 22. — Lies nearly stupid; symptoms same as yesterday. Same treatment continued.

May 23. — Lies nearly as if she were in sleep; aroused with difficulty, but answers correctly; pupils better contracted; pulse 60 and feeble; skin warm and natural; *no pain.* Continued same treatment, omitting the opium.

May 24. — Very conscious; pupils again natural, and contract readily to light; skin

cool; extremeties cold; pulse 60, and feeble; very marked pain in the abdomen, in the region of the solar plexus; pain in the head again severe, "Oh, my head!" being for hours the almost momentary ejaculation; less pain in the use of the arms; bowels quiet; kidneys acting naturally.

May 25. — Consciousness fully restored; pulse 72, and normal; respirations and temperature natural; opisthotinos *less;* pupils natural, and sensitive to light; no paralysis; no action of the bowels; relishes food; still has the constant outcry of pain in the head; no other pain.

May 26. — General symptoms much improved; pulse 72, rather feeble, but otherwise natural; vision clear and distinct; deglutition easy; opisthotinos has nearly disappeared; no complaint of pain; skin natural; urine free; bowels quiet; appetite good.

May 26. — Steadily convalescing; prostration severe; emaciation very marked; opisthotinos entirely relieved; pulse and respirations natural; pupils a little dilated; appetite good; bowels still unmoved.

May 27. — Symptoms as yesterday; gradual improvement.

May 28. — Still improving; free movement of the bowels; no pain; mind clear, and *very* active.

May 31. — Three days later: steadily improving; symptoms all favorable; pulse and respirations natural; secretions natural; pupils still a little dilated; the head aching a little; mind unusually active; appetite good.

I discontinued the ergot and calabar on the 26th inst., and the quinine and phosphates on the 30th. Good nutrition was constantly administered, *from first to last.* The best of prepared essence of beef was administered as often and as regularly as her medicines were, and in very liberal quantities. She took of the tincture of calabar bean and extract of ergot, at regular intervals of four hours, in quantity as stated, for fourteen days; and if a less amount were given, the pupils were again dilated, and the evidences of cerebral-capillary congestion most manifest.

I hazarded the issue upon these articles; and the result justified what may seem their heroic use.

My notes are fragmentary, and wanting in methodical arrangement; but I have chosen to transcribe them just as each day they were penciled at the bedside, not having drawn on my memory for a single statement of symptoms; so that, if not symmetrical, the description is in every point reliable.

I note here: 1st, An absence, entirely, of febrile action. 2d, There are none of the results of meningial inflammation as sequences of the disease. 3d, There was no cutaneous capillary congestion, by which it might be designated "Spotted Fever." 4th, if there be one manifestation more constant than the others, I think it is the intense cervical opisthotinos; and this points to a local effect upon the medulla, not only at the origin of the sub-occipital, but also of the spinal accessory nerves, by the stimulation of which such contraction is accomplished, and so long maintained. 5th, What we now need, is an extended series of carefully recorded facts, made at the time, and at the place, and covering all important points. From these it may be safe at length to generalise and theorise, perhaps, but not now.

Finally: If, as hitherto, my friends are prone to rely, as I have done, upon calabar and ergot, I counsel that they obtain preparations upon which they can implicitly rely, and test them to the full.

Society Reports.

THE CENTRAL ILLINOIS MEDICAL SOCIETY.

CHAMPAIGN, ILL., June 10, 1873.

The Central Illinois Medical Society met in regular session at Champaign, June 10th, 1873.

Society was called to order by Dr. J. Wright, President.

Minutes of preceding meeting read and approved.

Dr. S. H. Birney, Chairman of Committee of Arrangements, extended to the Society a thrice hearty welcome, to which Dr. Laughlin, on the part of the Society, responded,

feeling that, under such favorable circumstances, the Society would enjoy a pleasant session.

A Nominating Committee, consisting of one member from each county, was appointed.

Dr. J. Denning, of St. Joseph, Dr. E. C. Bartholon, of Mahomet, and Drs. Jas. Bartholon and J. D. Mandeville, of Philo, were recommended for membership. Censors reporting favorably, they were duly elected.

Nominating Committee reported, for President, Dr. Wm. Hill, Bloomington; 1st Vice-President, Dr. J. D. Gardner, Mahomet; 2d Vice-President, Dr. Z. H. Madden, Clinton; Secretary, Dr. W. G. Cochrane, Farmer City; Corresponding Secretary, Dr. R. G. Laughlin, Bloomington; Treasurer, Dr. H. C. Howard, Champaign; Censors, Dr. S. H. Birney, Urbana; Dr. C. T. Orner, Saybrook; Dr. J. S. Miller, Farmer City; Dr. C. Goodbrake, Clinton; Dr. J. Little, Le Roy.

The report was accepted, and officers duly elected, as recommended by Nominating Committee.

Dr. W. Hill, on taking the chair, thanked the Society for the high honor conferred on him.

Dr. Wright, the retiring President, delivered his valedictory address, which was received with much applause; and, on motion, the Doctor was requested to furnish copies for publication in Chicago and Cincinnati medical journals; also in the different county papers throughout the district.

Dr. Birney offered the following resolution, which was adopted by sections:

Resolved, first, That Woodford, Livingstone, Tazewell, Iroquois, McLean, Ford, Vermilion, De Witt, Champaign, Piatt, Macon, Mason, and Logan counties, for the present, constitute the boundaries of the Society.

Resolved second, That each county be earnestly requested — where they do not already exist — to at once organize County Medical Societies.

Resolved, third, That each county be requested to send delegates to the meetings of this Society.

On motion, adjourned until half-past seven, P. M.

Evening session called to order by the President, Dr. Hill.

Reports of Special Committes being in order, Dr. S. H. Birney read a very interesting report, prepared by Dr. W. Hill, of Bloomington, on Inguinal Hernia, and its Reduction by Dilitation of the Ring with the Finger, and Report of Cases. This being a new mode of reducing this hernia, quite a spirited discussion ensued. The Doctor was well-prepared to defend his new theory; and the Society has a reason to believe it will be favorably received by the medical profession.

Dr. J. T. Pearman, Chairman of Committee on Practical Medicine, made a verbal report of a very interesting case.

Dr. M. S. Brown, Chairman of Committee on Obstetrics and Diseases of Women, made a very interesting report, his subject being a very interesting one. It elicited a lively discussion.

The President announced the following special committees:

Surgery.—Dr. S. H. Birney, Urbana, Chairman; Dr. H. C. Luce, Bloomington, and Dr. J. Little, Le Roy.

Practical Medicine.—Dr. R. G. Laughlin, Bloomington, Chairman; Dr. J. T. Pearman, Champaign; Dr. J. K. Edmiston, Clinton.

Obstetrics and Diseases of Women.—Dr. W. G. Cochran, Farmer City, Chairman; Dr. J. Wright, Clinton, and Dr. C. F. Orner, Saybrook.

Pathology.—Dr. E. A. Kratz, Champaign.

Microscopy.—Dr. R. Huddleston, Champaign.

Eye and Ear.—Drs. Jno. Clouser, Farmer City, and N. B. Cole, Bloomington.

Dr. R. G. Laughlin offered the following resolution, which was adopted:

Resolved, That competitive bidding for the practice of hospitals, county poor-houses, and other public institutions, is wrong in principle, contrary to the ethics governing the legitimate practice of medicine, and degrading to the dignity of a regular member of our honorable profession.

On motion, adjourned until half past seven A. M. June 11th.

SECOND DAY.

Second day's session called to order by the President, Dr. Wm. Hill.

Dr. Howard was appointed to report on Hypodermic Injections.

Dr. Pearman was appointed to report on Skin Grafting.

Dr. J. Wright was appointed to report on Puerperal Convulsions.

Dr. Cochrane moved, that when the Society adjourned, it adjourn to meet in Clinton, the second Tuesday in December next. Carried.

The Chair appointed as a Committee of Arrangement, Drs. J. Wright, of Clinton; C. Goodbrake, Clinton, and T. K. Edmiston.

On motion of Dr. Wright, the Secretary was directed to furnish copies of Proceedings for publication in Chicago and Cincinnati medical journals.

On motion of Dr. Orner, the Society adjourned.

W. G. COCHRAN, M.D., *Sec'y.*

NORTH IOWA MEDICAL SOCIETY.

McGregor, Iowa, June 4th, 1873.

The North Iowa Medical Society held its thirteenth annual meeting in the city council rooms, in the city of McGregor, on Wednesday, June 4th. The President and Vice-President being absent, D. W. Chase, of Elkader, was elected Chairman, *pro tem.*

Minutes of last meeting read and approved.

L. A. Marriam and J. J. Clemmer, of Cresco; H. N. Sill and C. H. Whitney, of Strawberry Point; C. H. Hamilton, of Garnaville; and A. Trueman, of Kendelvill, were duly elected members of the Society. Also, Prof. J. C. Shrader, of the Medical Department of the State University at Iowa City, being present, was elected an honorary member of the Society.

Dr. H. H. Clark, of McGregor, read a lengthy and well written paper upon Obstetrics; gave rules when and how to use forceps. When he was through reading, Prof. Shrader being called upon, reviewed every part of the paper, and gave a practical and interesting address.

Dr. J. T. H. Scott, of Mononee, then read a well written report of his practice for the last year.

Dr. D. W. Chase, of Elkader, gave a minute clinical history and treatment of a lady who had recently and unexpectedly died at that place. The report brought forth some discussion, and it was decided that the disease was puerperal insanity, and that the immediate cause of death was the constant and excessive use of chloroform, administered by officious but well meaning friends, against the advice and objections of the attending physicians.

Dr. J. S. Green, of Postville, reported a case of amputation of the thigh for excessive necrosis of the femur, of nine years' standing the parts had been diseased so long the small arteries had enlarged so that fourteen had to be ligated. Two of the ligatures remained fast for three months.

Dr. S. H. Deake, of Rossville, reported a death from hæmorrhage from the mouth in puerperal convulsions.

Dr. Sill, of Strawberry Point, read a well written essay on Medical Ethics. He also introduced a patient, a young man, with necrosis of the femur, asking for and receiving the opinion of the Society in regard to the treatment of the case.

The Society then proceeded to the election of officers for the ensuing year, which resulted as follows:

President, W. C. Earl, of Wawken; Vice-President, S. H. Deake, of Rossville; Secretary and Treasurer, H. H. Clark, of McGregor; Censors, Drs. F. Andrews, J. T. H. Scott, and H. Hamilton.

Delegates to the American Medical Association, J. S. Green and D. W. Chase.

Essayists for the next meeting, Dr. H. H. Clark. To report on Fracture of the Surgical neck of Femur. Drs. Truman, Sill and H. Hamilton. To select their own subjects.

Dr. Green read the following toast: The Medical Profession of the State of Iowa, and the Medical Department of the State University.

Responded to by Prof. J. C. Shrader, of Iowa city. The Prof. spoke in glowing terms of the profession of the State; said that he was well aware that they thought down East that we lived among the wild, uncivilized aboriginies—way behind the times; but he believed the profession in general in the State were as well posted, alive, and took as deep an interest in the profession as they did in older States. For proof, look at the well-filled libraries, and the interest that is taken in attending the Medical Societies. He gave the history of the Medical Department of the State University, owned and conducted by the State; showed that it was in a flourishing condition, established on a firm basis, and one of the fixed educational institutions of the land, that every well informed citizen of the State can point to with pride and claim it as his own.

Dr. Scott offered the following resolution which was unanimously adopted:

Resolved, That the thanks of this Society be tendered to Prof. Schruder for his attendance, and the interest he has taken in the meeting.

Monona was selected the place to hold the next annual meeting.

Adjourned to meet at Dr. Clark's office at 7 P. M.

Met persuant to adjournment.

Dr. F. Andrews read a paper on the Treatment of Fractures by the Immovable Dressing. Many cases were reported.

J. S. GREEN, M.D., *Secretary.*

University Hospital, Philadelphia.—The trustees of this new hospital have nearly six acres of ground, free from all incumbrance, and a building fund, given by the State, of about $200,000. A contribution of $350,000 will also probably be raised. The structure will be 220 feet in length.—*Medical Record.*

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, August 1st, 1873.

EDITORIAL.

A NUISANCE THAT OUGHT TO BE ABATED.

For many years a class of unprincipled and reckless public impostors have been in the habit of using the names of prominent members of the medical profession to aid them in deceiving the community.

Every few months we receive a hand-bill, issued by some traveling mountebank, claiming extraordinary skill in the treatment of something, with the name of "Prof. N. S. Davis, of Chicago," as a reference. Recently we saw in a daily newspaper, published somewhere in Kentucky, an advertisement of " . . . Bloom of Youth," a cosmetic for ladies. In the advertisement was a paragraph stating that "Dr. Louis A. Sayre, one of the most eminent physicians of New York, had examined its ingredients, and pronounced it entirely harmless." It attracted our attention simply from the fact that only four years since Dr. Sayre read to the American Medical Association several cases of very aggravated paralysis, occasioned by the free use of this very cosmetic, and showed that it contained both acetate and carbonate of lead in its composition. Yet these infamous public impostors boldly publish him as directly endorsing the harmlessness of their stuff. There ought to be some legal method of inflicting speedy and severe punishment on such offenders.

EDUCATION OF FEEBLE-MINDED CHILDREN.

An institution for this purpose was established at Jacksonville, Illinois, in 1865, and has been doing a good work for that unfortunate class of children ever since. The last Legislature adopted the institution, and placed it on the list of State charities. It is under the excellent superintendence of Dr. C. T. Wilbur, of Jacksonville, who is desirous of obtaining the names and residences of all the feeble-minded children in the State. The next term of the school commences early in September. For all further needed information, address Dr. C. T. Wilbur, Superintendent, Jacksonville, Illinois.

A CASE OF RHEUMATIC CARDITIS SUDDENLY FATAL.

BY H. A. JOHNSON, M.D., AND PROFESSOR, CHICAGO, ILLINOIS.

I saw Mrs. S., age 31, first on January 9th, 1873, early in the afternoon. I found her suffering from ill-defined muscular soreness, especially over the abdomen and in the back. Bowels not disturbed; skin moist; pulse slightly accelerated; tongue moist and white. I prescribed the following:

℞.—Potass. bromid., ʒ iij.
Aquæ camph., fl. ℥ iv.

M. sig. One tablespoonful every three hours.

Jan. 10th—Saw her in the afternoon. She passed a restless night; some nausea this morning, which she attributes to the medicine; supposed that she had taken morphine or opium. Pain more decidedly rheumatic; hips and knees sore; motion difficult; menses came on during the night, or this morning—several days earlier than expected; begs for something to allay pain, which was now almost unbearable. I directed the following:

℞.—Hydr. sub. mur., grs. iv.
Morph. sulph., gr. i.
Sodæ bi carb., ʒi.
M. Ft. pulv. no. vi.

S. One every three hours.

January 11th, P. M.—Pain still continues in hips and knees; she attributes a part of it to the advent of the menses; condition of the stomach improved. Has rested and slept some under the influence of the powders of morphine, sub muriate and soda, but has not taken them as often as directed. I ordered them

to be continued as often as necessary to relieve pain.

January 12th—Bowels have moved, probably from the effects of the powders, though not all of the four grains of calomel have yet been taken; pains more general; complains of shoulders; skin moist; tongue coated; white; moist; urine sufficient in quantity, and normal in quality; pulse 96, or a little below 100 per minute. Made no change in the treatment.

January 13th—The condition about the same; rheumatic difficulty more decidedly migratory; the powders of calomel, morphine and soda prescribed on the 10th have been renewed—without my direction, however; does not take much food; has all the time been worse during the night than during the day; no change in treatment.

January 14th—I had been quite sick for two or three days, and on the 14th was unable to leave my bed. I heard nothing from the case till the morning of the 15th, when I learned from Dr. F. H. Davis and Dr. Lester Curtis that they had both seen her on the evening of the 14th. Dr. Curtis made the following prescription:

℞.—Potass. bromid., ʒ ii.
Aquæ, } aa fl. ℥ i.
Syr. cort. aurant }

M. S. One teaspoonful every hour, as directed.

I am told that she took one dose of the mixture prescribed by Dr. Curtis, after which Dr. Davis was sent for. He ordered the following:

℞.—Potass. bromid., ʒ iv.
Cryst. carbolic acid, grs. vi.
Glycerine, fl. ℥ ss.
Aquæ, fl. ℥ iiiss.

M. One teaspoonful every three hours.

This was continued during the night, and till I saw her on the 15th. The powders were continued, as they were judged necessary to allay pain.

I saw her about 2 P. M. They said that Dr. Davis's medicine had given her great relief. Some muscular tenderness yet over the chest and in the shoulders; pulse about 100; regular, and moderately full. Directed the continuance of the bromide of potassa and carbolic acid solution. Saw her again in the evening.

January 16th—Less positive pain, but had a restless night—only "snatches of sleep," as she expressed it. Has not taken the powders since yesterday. Directed the following:

℞.—Tr. opii camph., fl. ℥ i.

S. Half teaspoonful every two hours, if awake. Continue the bromide and carbolic acid solution. She only took one dose of the paregoric.

In the evening she begged for something to relieve the pain, which had become much more decided, especially in the limbs and joints; could hardly move in bed. I gave her a hypodermic injection of morphia, ¼ grain, and atropin $\frac{1}{60}$ grain; she went to sleep in about five minutes, and slept quietly until three or four o'clock in the morning, after which she was restless; slept between seven and eight hours.

January 17th—Found her in the morning absolutely helpless; arms, hands, fingers, hips, knees, ankles, and toes even, tender, and most of the joints somewhat swollen; skin hot, but still moist; tongue moist; urine scanty; pulse over 100, hard, small, but regular; heart sounds normal in quality. Directed the following:

℞.—Tinct. colchici., fl. ʒ i.
Potass. bi carb., ʒ ii.
Potass. cit., ʒ iii.
Aquæ camph., fl. ℥ ii.
Syr. limon, fl. ℥ iv.

M. ft. sol. Take one tablespoonful every two hours.

This prescription was continued during the day. She was a little flighty when left alone, but recovered perfectly when spoken to, and answered intelligently questions addressed to her. In the evening, about the same; has not slept during the day; in fact, not much since three or four A. M.; gave again a hypodermic injection of morphine, $\frac{1}{8}$ grain, and atropin, $\frac{1}{75}$ grain.

January 18th, A. M.—Limbs less painful and tender; can move them a little; pulse about 95; skin moist, and cooler than last night; slept between six and seven hours, under the influence of the injection of morphine

and atropin; I directed the colchicum mixture to be continued.

Afternoon — Bowels have moved freely during the day; copious watery discharges; limbs better—can use them quite well; complains of pain, mostly in right shoulder; is very weary, and wants sleep; discontinued colchicum mixture, and gave, between three and four o'clock, a hypodermic injection of morphine, $\frac{1}{6}$ grain, and atropin $\frac{1}{75}$ grain.

January 19th, A. M.—Found her free from pain in joints; had slept several hours during the night, but was still restless, anxious; talking a little incoherently, but answering when spoken to; pulse about 100; urine scanty; micturition difficult and painful. Directed the following:

℞.—Potass. acet., ʒ iij.
Potass. bromid., ʒ ij.
Spts. nit. dulc., fl. ℥ i.
Syr. limon, fl. ℥ v.

M. ft. sol. Take one tablespoonful every two hours until relieved.

Afternoon—Has passed urine freely, and without pain; skin quite moist, but hot; pulse more frequent—115 per minute, regular; suspected cardiac trouble; found heart-sounds normal in quality; no articular pain, except in right shoulder, and this not severe. Discontinued diuretic, and ordered the following:

℞.—Sat. rad. aconit., fl. ʒ i.
Morph. sulph., grs. ij.
Syr. simp., fl. ℥ ij.

M. ft. sol. Take one teaspoonful every two hours.

Saw her three times during this day. She slept during the afternoon and evening only a few minutes at a time, and then would start up suddenly, saying something irrelevant, but, upon being spoken to, becoming perfectly conscious.

January 20, morning. Pulse 90, soft, moderately full, regular in rythm. Mr. S. says that after my first visit last night the pulse went up to 120 per minute. Skin moist, not so hot as during the day of the 19th; urine free in quantity; tongue moist; little or no pain anywhere; stomach tolerates milk.

10 P. M. Pulse 84, regular, soft, moderately full. Skin moist and cool, but not cold; apparently normal in its qualities. Has had no pain during the day. During the last twenty hours has had no continuous quiet sleep. Has been taking during the day half-teaspoonful doses of the aconite and morphine mixture. For the purpose of procuring sleep, I directed the following:

℞.—Chloral hydrate, ʒ i.
Syr. simp. fl. ℥ ii.
Glycerine, fl. ℥ i.
Chloroform, fl. ʒ ss.

M. ft. sol.
S. Dose, one tablespoonful.

Of this mixture one tablespoonful was ordered to be given every hour till she slept. She took but one dose, and soon afterwards became wildly delirious. At 10 P. M., or about that time, I saw her again. The pulse was then 104, and somewhat irregular, small and weak; breathing oppressed; panting; vomited fluid matters, apparently milk and mucous, immediately after I came in. Bowels also moved; did not see the stool. She was helped out of bed; did not seem to have any pain; in answer to questions, complained only of nausea and oppression of epigastrum. She had been now twenty-four hours without continuous sleep, and I gave, for the purpose of producing it, a hypodermic injection of morphine gr. $\frac{1}{6}$ and atropine gr. $\frac{1}{75}$. She went to sleep in about eight minutes. The pulse became more regular, at 102 per minute; breathing easier, but not free and full. The temperature of the skin seemed to be normal, and was neither dry nor excessively moist.

At 3 A. M. of the 21st I was sent for, and upon arriving I found her dead. Mr. S. said that she had slept continuously from the time I left; that between 2 and 3 A. M. they turned her in bed, and that she suddenly ceased to breathe.

She had nourishment as the stomach would tolerate it. During the last day or two, milk was grateful; and she took as much of it as she liked.

Throughout her sickness she was worse at night.

No. 4 Sixteenth street, Chicago.
February, 1873.

REMARKS BY THE SENIOR EDITOR.

The foregoing simple history of the symptoms and treatment of a case, the fatal termination of which caused the husband of Mrs. S. to recently issue a card in a daily paper, charging the death to the "recklessness and carelessness" of the attending physician, was placed in our hands for publication before such card appeared.

The case is of intrinsic interest to the profession, as it evidently represents a class, not numerous, yet extremely liable to deceive the physician and disappoint the friends. From the foregoing history it appears that the patient presented all the ordinary symptoms of subacute articular and muscular rheumatism, in a highly nervous temperament, with no indications of either cardiac or cerebral complications until the 19th of January.

On the morning of that day the joints are represented as free from pain or soreness, except one shoulder; and yet the pulse was 100 per minute, and increased during the day to 115, with some incoherence, and such a degree of nervous restlessness as to justify the suspicion that the rheumatic irritation was developing in the muscular structure of the heart — although no valvular murmurs were audible.

The active administration of aconite in combination with morphine, apparently checked the cardiac excitement, and brought the pulse to 90 on the following morning, and to 84 at 6 o'clock in the evening, with entire freedom from pain and fever. But, the patient being still wakeful and restless, the attending physician thought it important to procure for her a night of sleep, and for that purpose ordered about *ten grains* of hydrate of chloral in solution with five drops of chloroform, to be given every hour until sleep was induced; while aconite was to be temporarily omitted. Soon after the first dose of the chloral was given, the patient began to be delirious; and, instead of repeating the dose every hour until she became quiet, as ordered, the nurse gave nothing more, allowing the excitement to increase rapidly until 10 o'clock, P. M., when the physician was sent for. By the time he arrived the delirium was excessive, the breathing oppressed, and the pulse rapid, very irregular and feeble. Feeling certain that a continuance of the excitement and agitation of the patient would end in fatal exhaustion in a few hours, the attending physician resorted immediately to the hypodermic injection of morphia and atropia, as the most speedy and certain mode of restoring quiet. He was the more ready to do this, as the same means had been resorted to with good effects during the patient's illness. The dose or quantity used was only a medium one, and under its effects the patient not only slept, but the pulse became more regular and the respiration more natural; and we have no doubt but that she lived longer than she would have done if the wild excitement had been allowed to continue. That the sudden supervention of delirium, accompanied by hurried or oppressed breathing, with a small, rapid and irregular pulse, fully justified the opinion of the physician that her death was caused by rheumatic carditis, we have no doubt.

If our readers will take the trouble to refer to the last edition of "Watson's Practice," Vol. II., pages 235–6, 338–40–41, 759 and 766, they will find full corroboration of this view, and citation of closely parallel cases. Further corroboration may be found in the first English edition of "Aitken's Practice," Vol. II., pages 573 and 579.

We do not quote from these authors, because the works are in the hands of most of our readers.

Jaccoud, one of the most celebrated professors in the medical faculty at Paris, in his work on practical medicine ("*Pathologie Interne*"), says of the complications of acute articular rheumatism: "The most important are *inflammation of the heart and its envelopes*. . . . Rheumatic endocarditis may, like all other forms of the disease, produce embolia, infiltiations and intracardiac coagulations. These results of the cardiac complications are the

principal causes of rapid or sudden death sometimes observed in the course of rheumatism." In reference to the cerebral symptoms, the same author says: "Sometimes during the existence of acute articular rheumatism, cerebral accidents are suddenly observed, which are, for the most part, rapidly mortal." For some of these cases, the author accounts upon the hypothesis of embolia due to cardiac complications — for others, by the presence of meningeal punctiform hæmorrhages. "But," he says, "in a certain number of cases the autopsy is mute; it shows no sufficient lesion of the encephalon, or of its investments. The clinical picture is always the same in its fundamental features. The patient is taken with restlessness, with active delirium of variable violence, falls into coma, and dies in a few hours, or after a day or two. Sometimes the delirium is absent, or only transient, and the coma is the initial fact; death is then still more rapid."—*Jaccoud Pathologie Interne, Tome II., page* 547 *and* 549, *of Paris*, 1872.

Raynaud, in the "*Norveau Dictionniare de Med. and Chirurg. Pratique*," article "*Cœur*," says of inflammation of the substance of the heart, that "It is often observed secondarily in the course of an acute or chronic articular rheumatism; and that it is consecutive to endocarditis, or pericarditis" (page 469, Vol. VIII). "The symptoms are often very uncertain" (page 470, Vol. VIII). "Endocarditis is not always revealed by physical signs" (page 365, same volume). "The affections of the heart occur much more rarely in rheumatism affecting a single joint than in cases where a large number of joints are simultaneously attacked" (page 366, same volume).

Niemeyer, French Edition, Vol. II., page 582, says of the termination of acute rheumatism: "Sometimes death occurs without complications, and with the indications of sudden collapses, having been preceded for a short time by delirium, or coma, and other symptoms of a grave disturbance of innervation."

Very many other authorities might be cited, all confirmative of the statements of Watson, as to the fact of sudden death occurring in the course of acute rheumatism, preceded for a short time by delirium or coma. His opinion that in such cases death is usually produced by the cardiac trouble is, I think, also sustained.

The authorities here cited are of the highest standing; and, instead of "carelessness" or "recklessness" on the part of the attending physician, as charged by Mr. S., the history of the case shows a commendable degree of faithfulness, careful attention, and skill in the selection and application of remedies.

Emotional Insanity.—At a recent meeting of the New York Medico-Legal Society, David Dudley Field, Esq., in discoursing upon "Emotional Insanity," concluded as follows:

Children under the age of discretion, idiots and imbeciles are not within the discipline of criminal law.

The mental unsoundness of other persons, commonly designated as insanity or mania, is in itself, or is attended by, disease of the brain, so that no heat of mere passion, and no degree of mere frenzy, can in any just sense be pronounced insanity by either of the professions.

That neither perceptional nor emotional insanity by itself, nor both together, can be accepted as excuse for criminal responsibility.

That intellectual or volitional insanity absolves from criminal responsibility when, and only when, the reason has lost either the power of choice or the power of controlling the will.

That in every case of acquittal on the ground of insanity, the defendant should be forthwith placed in a lunatic asylum, and there kept until it is proved that he is restored to such a state of sanity as to remove all apprehension of a recurrence of the disease.

That the present gradation of punishments is unsuited to the present condition of medical learning, and a change is required which shall make the law punish, not only according to the harmfulness of the outward act, but according to the quality of the inward spring of action.—*Medical Record.*

Depilatory Mixture.—A new depilatory mixture is recommended by Prof. Boettger, consisting of one part of crystalized sulphydrate of sodium, and three parts of prepared chalk. Mixed with water, and applied to the skin, it effects the easy removal of hair.—*Med. and Surg. Reporter.*

Book Reviews.

A Manual of Histology. By Prof. S. Stricker, American translation. Edited by Albert H. Buck, M.D. New York: Wm. Wood & Co. For sale by W. B. Keen & Cooke, Chicago.

It is difficult, in a book notice, to give a fair idea of this encyclopædia-like work of about eleven hundred pages.

The articles were written by different individuals, some of whom were only medical students, with, of course, their powers of observation imperfectly developed, and their acquaintance with the literature of their subjects meager. Others were written by men who have grown gray fighting the battles of science, and are as firmly fixed in their hobbies as German obstinacy and life-long defence of them can make one. The editor, Prof. Stricker, has given us the articles just as they were written, without comment, consequently the work has a very uneven and patch-work-like character, and numerous instances of conflicting views occur.

A marked characteristic of the work is the supercilious manner in which views differing from the author's are treated. Inquirers have a right to expect, in a work like the present, that all the modern views on histology, that are tenable, should be presented with fairness, and with some approach to fullness. But, throughout this work, views conflicting with the writer's are scarcely mentioned; and if they are mentioned, they are promptly disposed of by a peremptory denial of their correctness. Ewald Hering, for instance, gives no hint of the possibility of the existence of any opinion in regard to the anatomy of the liver differing from his own; and Gerlach, while using the methods of Lockhart Clarke for studying the spinal cord, never even mentions his name — unless, indeed, describing a column named after him be mentioning it.

A few of the writers, however, are more liberal. Von Recklinghausen, on the Lymphatics, is so liberal in his views, and weighs the arguments for and against his conclusions so candidly, as to win our confidence at once. The same might be said of Max Schultz, and some few others; and Stricker, in his account of them all, presents so many opposing views, and puts his own opinions forward so modestly, that we finish the article with an unsatisfied feeling. We like to have a writer lead our thoughts, even if we do not agree with him.

Many of the articles are deficient in illustrations. The drawings are so few and so poor in the series of articles on the intestinal Canal, that it is almost impossible to follow the descriptions. Pfluger's articles on the Salivary Glands, differing so greatly from all that we have heretofore believed, have not a single really convincing drawing to support them. The addition of more and better drawings would not only be an improvement in the clearness of the work (a direction, by the way, in which there is chance for improvement), but it would also allow the descriptions to be shortened; and would, besides, put us in some degree in the position of independent observers. But here, also, exceptions occur. The admirable articles of Max Schultz are profusely illustrated with carefully executed drawings, as is also the article by Recklinghausen, above referred to, and some others.

The value of most of the drawings is greatly diminished by omitting to state the magnifying power. Max Schultz's drawings have the magnify power put down in numerals, as have also some others; they are exceptions, however. The plan of attaching to each drawing a scale, copied from a micrometer magnified by the same glass as the drawing itself, costs so little trouble, and offers so many advantages, that it is strange that all microscopists do not use it. Such a plan is nowhere used in the book.

Taken as a whole, in spite of its faults, the work is an excellent one; it is carefully and conscientiously written, and is not only the best, but the only complete work on the subject in existence that is up to the times, and is indispensable to every one who would acquaint himself with the later advances of histology.

L. C.

Trichinous Disease has been prevalent in Framingham, Mass.

Original Communications.

THE USE OF LIME VAPOR IN MEMBRANOUS CROUP.

SUBSTANCE OF A PAPER READ BY JOHN BARTLETT, M.D., BEFORE THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS, AT THE MEETING HELD MAY 26TH, 1873.

Successes in the treatment of membranous croup with the various form of lime inhalations have been reported sufficiently often to direct the attention of the profession to a careful consideration of them, with a view of answering the question, What is the measure of utility of lime vapor in such cases?

The first inquiry to this end is, What is the capacity of lime water as a solvent for false membrane? Biermer, in repeating the experiments of Kuchenmeister, observed that membrane placed in lime water in a small glass vessel, disappeared in from ten to fifteen minutes, leaving only a slight sediment. Jacobi observed that lime water required from four to ten hours to liquify soft diphtheric exudations; while, for firm pseudo-membrane, from thirty to seventy-two hours were required. Dr. Meig's found that firm white exudation placed in lime water at a temperature lower than that of the mouth, was reduced to a granular purtrilage in a few hours, the time required for these effects varying with different specimens. In two instances, Dr. DaCosta directed the spray from a solution of lime eight times stronger than the aqua calcis upon diphtheric deposits, for three or four minutes at a time, every few hours, without producing the least impression. In these trials the spray was not hot.

The solution of lime nebulized has varied in strength from that in which the officinal liquor was diluted with thirty parts of water, thus containing one-sixtieth of a grain of lime to the ounce, to that of the liquor calcis saccharatus containing four grains to the ounce.

The use of lime water of these varying strengths is generally quite favorably reported upon. The actual value of the lime, as a curative agent in the cases reported, is impossible of estimation. It has rarely been employed to the exclusion of other means; and whenever used, it has of necessity been in most intimate association with two of the most important remedies for the relief of croup—heat and moisture. Considering the great value of steam in this affection, coupled with the statement of several experimenters that the lime water inhalations were more efficient when the water nebulized was boiling, so as to furnish the spray as hot as possible, and regarding, at the same time, the chemical fact that the hotter the spray the less lime it contains; and bearing in mind the extremely attenuated solutions praised as efficacious, containing, some of them, only one-sixtieth of a grain of the alkali to the ounce, we may well doubt whether lime, as an element of lime water, has been shown to have any efficacy in pseudo-membranous croup.

In March, 1866, Dr. Geiger, of Dayton, Ohio, recommended the following plan for bringing this substance into contact with false membrane in the air passages. He says: "I placed some unslacked lime in a saucer, and after throwing a cloth over the patient's head, I held the saucer under, so that the patient was compelled to breath the fumes arising from the process of slacking. I retained it there for a few minutes." Following Dr. Geiger's successful use of the remedy in this manner, a number of favorable cases have been reported. I regard this mode of using the agent as a vast improvement upon the ordinary plan by nebulization; and the impression that the vapor of lime is being applied in a very imperfect way, by many practitioners now giving it a trial, has emboldened me to come before this Society with my own limited experience with it.

Before proceeding to state the manner and measure in which I now use the lime vapor, I should state that I am indebted to Dr. D. B. Hillis, of Keokuk, Iowa, with whom I have, on several occasions, been associated in the management of cases of membranous croup, for anything of value in the plan. It will be observed that it differs in nothing material from Dr. Geiger's method, excepting that the dose of lime, if I may so express myself, is much larger than that used by him.

Having formed a small enclosure by covering a clothes-horse with sheets, or by taking advantage of the favorable relation of a door to the corner of a room, so as with bedclothes to close in a suitable space, the preparations proceed as follows: To one side of the tent, on a piece of old carpet is placed a small tub; in it is put a common wooden bucket, one-quarter filled with boiling water; at hand is a supply of unslacked lime, and a kettle of boiling water. The nurse and child, or the child alone, if of such age as to remain without an attendant, take position toward the middle of the enclosure, the face of the patient being turned from the tub; by raising the sheet, several pieces of lime, as large as the fist, are placed in the bucket; after a few minutes the evolution of the vapor begins. The physician, through that fold of sheeting forming the door of the tent, frequently takes a view of the steam within, estimating its density by the sight, taste and smell. It is impossible to indicate the proper degree of this density. I should say it should be somewhat less than that of the cloud of steam escaping from the exhaust pipe of a steam engine. The smell and taste of lime should not be too pronounced. The nurse should be instructed to give notice if the steam or heat oppress her, so as to produce a feeling of faintness, sense of suffocation, or irritation of the air passages. Should the vapor be deemed too dense, its intensity may be diminished by opening the flap of the enclosure, or, if need be, by withdrawing the bucket. The pulse of the patient should be noticed from time to time, in view of the possibility of exhaustion supervening, an event said to have occurred in the practice of some physicians. More lime and hot water may be placed in the bucket, as required. The tub is intended to receive any overflow from the bucket, which, in prolonged cases, will require to be emptied.

The quantity of lime required will be large. The increased freedom with which it is now being used may be illustrated by my own experience. In my first trials with it, when asked by the parent how much would be needed, I answered about a quarter of a peck. In a case treated by Dr. O. P. McDonald, of Keokuk, in association with Dr. Hillis and myself, in 1871, the lime baths were used as required for forty-eight hours, during the last twenty-four of which the infant was within the enclosure more than half the time. The quantity of lime used was estimated by Dr. McDonald to be five bushels. It is important to bear in mind that the amount of vapor given off by lime varies greatly. From some specimens very unsatisfactory results are obtained; a half bucket full of an unsuitable article may not give off vapor enough to keep the tent filled for half an hour. The lime should be fresh and well burned. If not sufficiently burned, it is rocky, and slacks badly; glazed pieces, known as "clinkers," should be rejected.

Dr. Geiger speaks of compelling his patients to breathe the lime atmosphere for a few minutes. They should be placed in the tent as often as more urgent symptoms arise, and be kept there for half an hour, or even an hour and a half, till relief occurs, or until it is apparent that no benefit is resulting from the treatment. No experiments have been undertaken to determine the heat of these baths; I should judge, however, that they commonly reach that temperature recommended by Dr. Sayre for the steam bath, ninety degrees. It is quite possible to make the tent too hot, as well as too full of vapor. In an epidemic of cholera, many years ago, I resorted to the use of lime very much in this way, with the hope of restoring heat to the algid bodies of patients in collapse. In several instances the temperature developed was sufficient to scorch the sheets. As a word of caution, it may be well to state that occasionally lime, in slacking, spatters, particularly when it is just from the kiln, and when the quantity of water used is small. Heated particles may thus be thrown some distance. Such an event occurring when the agent is employed as recommended by Dr. Geiger, might lead to painful results. I once observed the lids and conjunctivæ of an infant become inflamed under the use of the baths, a result, probably, of too strong a vapor, or of too prolonged exposure.

According to Dr. Geiger, the effect of this

remedy is to cause the breathing to become more easy, and to induce the expectoration of a large quantity of mucus and phlegm. Dr. Hillis writes: "The evidences of relief were quite distinct, and generally speedy; the breathing was improved; the cough decreased, and an increased secretion and ejection of phlegm from the throat took place.

In a word, the onward march of the disease seemed checked at once, and a real improvement established. It was remarkable to observe how soon, when in the bath, the patient was soothed and quieted into a placid sleep. The boy whom we saw, five years of age, was apparently much frightened at the necessary preparations, and at the boiling and sputtering of the lime. He was choking, coughing, and struggling as if his very life depended on his resistance. Shortly he fell into a quiet sleep, and upon awakening expectorated a large quantity of mucus and half dissolved membrane." In short, the lime bath seems to induce free perspiration, to increase the secretion from the air passages, to promote the expectoration of false membrane, and thus to lead to the general improvement of the patient.

The modus operandi of the agent is uncertain; of course, the simplest theory is that it dissolves the false membrane. Some, as Drs. Meigs and Pepper, refer all benefit from its use to the heated steam evolved. Dr. J. L. Smith suggests that the lime bath may be an improvement on the steam bath, in this, that in the latter, on account of the necessity of keeping the room closed, the air soon becomes charged with exhaled carbonic acid, whereas, in the former the expired acid is speedily destroyed by the vaporized lime. May it be possible correctly to extend this idea of Dr. Smith's. Thus, the dyspnœa is in great part a result of the inability of the respiratory organs to relieve the blood of its carbonic acid. By using air, as in the lime bath, charged with a chemical having a remarkable affinity for this acid, may it not be that the pulmonary interchange of gases is advantageously supplemented?

I have knowledge of four cases of membranous croup treated by lime; of these, two were speedily relieved. In a third, recovery ensued, though the lime baths were abandoned for the potash treatment, when the child, though very near death, was thought to be a little better. In the fourth case, the disease had existed one week before medical treatment was sought; an indifferent article of lime was inefficiently used for a time; death resulted. In the last two cases, relief was afforded by the baths; and although they were finally abandoned in one case, and imperfectly used and neglected in the other, there was, in both instances, reason to question the curative power of the agent. In none of these cases was the lime used to the exclusion of other remedies. So far as observed, however, improvement was in no wise referable to the medication.

This mode of treatment is useful in those cases in which the attendant is uncertain of his diagnosis; in which, while he believes he has to do with a case of simple laryngitis, he fears membranous croup. In such instances, the lime bath relieves the distress of the patient, and tends to quiet the anxiety of the practitioner, seeing that he is treating the apprehended disease with no danger of injury to his patient from the *nimia cura medici.*

AN INTERESTING CASE OF EXOPHTHALMOS.

BY DR. F. C. HOTZ, OPHTHALMIC SURGEON TO COOK COUNTY HOSPITAL.

On March 27th an Italian was admitted to the Eye Ward of the hospital. Unfamiliar with the English language, he could give us but very little information about his troubles. From his friends we occasionally learned that some months ago he received a severe blow on his left eyebrow, and during the two weeks preceding his admission to the hospital he had erysipelas of the face.

We found a large abscess of the left upper lid; the pus had broken through the external surface, but the opening was too small to allow a free escape of the matter.

Although greatly swollen, the upper lid did not hide the eyeball completely. This

was of a normal size, but pushed from its natural position considerably forward, and with a slight downward and inward tendency. In this position the globe was perfectly immovable. The conjunctiva was very hyperæmic, and œdematous to such an extent that a thick, succulent fold protruded from between the eyelids, and encircled the cornea. This membrane, and the aqueous humor, were normal; the iris was adherent to the capsule of the lens by two posterior synechiæ, but of a normal color and brilliancy; the pupil was small and active. The vitreous humor was so clouded that an examination with the opthalmoscope was impossible. The eye was totally blind, being unable to discern light from shade.

The opening of the abscess in the upper lid was enlarged and the pus thoroughly emptied. By probing the abscess we could not discover either any foreign substance or necrosis, or caries of the bones; and we found the suppuration limited to the cellular tissues of the lid.

Between the supra orbital margin and the protruding eyeball, somewhat above the external canthus, the conjunction was bulging out the most, and seemed to fluctuate. A narrow-bladed scalpel was therefore pushed through the conjunctiva into the cellular tissue of the orbit, to the depth of one inch ; but no purulent matter appeared at that time, nor when the puncture was repeated two days later.

By the use of warm water dressing, the abscess of the lid was healed very soon. No sooner had the lid recovered its normal size when a diffuse swelling of the periosteum, along the supra orbital margin became apparent; a pretty solid exudation made it impossible to put the tip of the finger under that margin.

Iodide of potassa (5 grains *pro dosi*) was given internally; the tincture of iodine was rubbed into the skin over the left eyebrow; and a gentle pressure was used on the globe, by means of a bandage, due care being taken to protect the exposed cornea.

After two weeks' treatment the œdema of the conjunctiva had subsided almost entirely; the protrusion was diminished, and the eyeball slightly movable. After another week the globe had returned to its normal position and recovered its full mobility; the vitreous humor was less cloudy, and the patient could count the fingers at a distance of several feet. In this way the patient continued to improve, and when he left the hospital (May 21st) the vitreous humor was perfectly transparent; the fundus oculi did not show anything abnormal, save the outlines of the optic disc being somewhat indistinct. The sight was very satisfactory, but could not be ascertained accurately, for the reason that the patient had never learned to read. The periosteal exudation was re-absorbed, and the left supra orbital margin appeared to the touch like the right.

Remarks.—Our first impression of the case was that the exophthalmos was caused by an acute inflammation of the cellular tissue of the orbit, which generally terminates in an abscess. The rapid development of so great a protrusion; the immobility of the eye; the congestion and œdema of the conjunctiva; the fluctuation—all these symptoms spoke strongly for this diagnosis.

The patient having been struck on his left eye, two months previously, we could think of a foreign body lodged in the orbit, or of necrosis, as the cause of the abscess; but we found neither. So we took the inflammation in the orbit for a sequelæ of the erysipelas. It sometimes occurs in erysipelas of the face that the inflammation extends beyond the cutaneous tissues. In our case it had produced an extensive suppuration in the upper lid, and we could well expect to find a similar morbid process behind the protruding eyeball. The exploratory incision, however, disappointed our anticipation, although it was made deep enough, and at that place where all symptoms indicated the presence of pus. But, in fact, there was no pus in the orbit. The protrusion of the eye was due simply to the œdema of the cellular tissue of the orbit, caused by an extensive periostitis of the roof of that cavity. This could be found out after all swelling of the upper lid was removed. The œdema was successfully acted upon by

pressure bandage (which would not have been tolerated by the patient had there been any *cellulitis*), and it disappeared entirely when the periostitis was effectually treated by iodine.

The cornea, although deprived of the protection of the lids during two weeks, escaped all damage, because it was kept covered carefully and continuously with fine oiled silk. The impairment of vision was due chiefly to the stretching of the optic nerve, but partly also to an œdema of the retina, choroid, and vitreous humor, brought about by a stasis of the circulation in these tissues. With the removal of the causes the sight quickly returned.

TWO CASES OF SPORADIC CHOLERA.

REPORT READ BEFORE THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS, MONDAY, JULY 28, BY F. H. DAVIS, M.D.

Case I.—On Tuesday, July 15th, I was sent for in great haste, about noon, to see a boy at 389 Fourth avenue. I found the patient, a lad about fifteen years old, had been out on a picnic the day previous, and had, according to his own statement, spent a considerable time bathing in the lake, and had drank excessively of lemonade and ice-water. On his return home, late in the evening, he retired to bed. About 2 o'clock in the morning he was taken with violent vomiting, purging, and cramps. Some physician, I did not learn who, was called in, and prescribed some powders, which, however, were given only once or twice and then immediately ejected. The matter passed from the bowels, as well as the ejections from the stomach, consisted of simple, clear, watery mucous, with some white, curdy-looking particles intermixed.

When I saw him, at noon, the extremities were cold; pulse barely perceptible at the wrist; lips and nails blue; eyes and cheeks sunken; the stage of collapse evidently about commencing. The cramps continued severe, but the discharges had almost entirely ceased, apparently from simple exhaustion.

The friends of the boy belonged to the lowest and most ignorant class of Irish; and it was evidently hopeless to try to get any directions carried out efficiently or perseveringly. The dejections were allowed to stand unemptied, to soil the bedding, etc. Under the circumstances, I entertained no hopes of accomplishing anything in the way of treatment.

Having to pass the house again about 2 P.M., in company with my father, I requested him to stop and see the case with me. The boy had continued to fail rapidly, and had passed into complete collapse. The hands and fingers presented a blue, shrunken, shrivelled appearance. No perceptible pulse; breathing slow and labored; heart-sounds weak. Death ensued in about half an hour after our last visit.

Case II.—The previous Friday, July 11th, Dr. N. S. Davis was called to an exactly similar case, on the lower end of Catherine street, near the river. He called, expecting to meet in consultation another physician, who had seen the case previously. Through the stupidity or intentional deception of the friends, however, the attending physician had been discharged before his arrival. He found a boy of fourteen, who had been taken with vomiting and purging at 1 P.M. of previous day. The active symptoms were then abated, but the stage of collapse was just setting in. The boy had been working hard in the hot sun the day previous; had drank excessively of ice-water, and, as a consequence, had sweat profusely. My father left directions for treatment, and agreed that if the boy lived through the night I should visit him early the next morning. On my arrival the following morning, however, he was dying, in complete collapse, the same as the previous case.

Both these cases occurred in low, filthy, undrained districts of the city, where the ditches are piled up full of garbage and filth, and many of the lots and back alleys covered with green, stagnant water.

Among the poorer classes inhabiting these unhealthy districts of our city, there always occurs, every summer, along with numerous milder cases of cholera-morbus, a few cases similar to these. Many physicians would class

them as sporadic cases of genuine cholera, not becoming epidemic simply because the atmospheric conditions do not happen to be favorable to its spread and propagation.

Those, however, who hold to the doctrine that cholera infection must necessarily be introduced from abroad — that, originating in Asia, it travels from one city to another, along the channels of commerce, etc. — the advocates of this theory, of course, recognize true cholera only in its epidemic form, and class all scattering cases such as the above as severe cholera-morbus.

Most of our older physicians, who have had most experience with cholera in former epidemics, have been predicting a visitation from it here during the present summer, drawing their conclusions partially from the fact of its prevalence in other cities in various parts of the country, and partially from the character of the atmospheric conditions which the season has already manifested.

Even those who have no faith in the direct transmission of the disease from place to place, by means of a *specific* poison, yet do not pretend to deny that its epidemic prevalence in one part of the country is likely to be followed by more or less of an epidemic in all the other districts, in succession. There are evidently some peculiar atmospheric conditions or changes, the natures of which we cannot yet fully appreciate, but which, sweeping over the country, or even from continent to continent, with almost the same regularity as the wind and rain storms, so act on the system as to weaken its vitality and powers of resistance to morbid or unhealthful impressions. Under these circumstances, then, the decaying animal or vegetable matters, the stagnant pools, etc., form the hot-beds for the dissemination of epidemics — not because there is any *specific* poison emenating from them at one time more than another, but simply because, in a reduced, debilitated state of the system, they obtain the mastery, where, in the ordinary vigor or health, the constitutional strength would have been sufficient to throw off or overcome their influence.

In the same way, the sporadic cases that occur at irregular intervals during the summer months can invariably be traced to exposure to some of these poisonous influences, while the system was weakened from the effects of some excesses committed by the individual.

The cholera epidemic which has been prevailing in various parts of the country during the present season, seems to have pursued a very irregular, erratic course, passing by entirely some of the larger cities, which had suffered most in former epidemics, and turning aside to attack, with the greatest virulence, the outlying suburbs or surrounding villages, and many of the smaller, less thickly populated cities.

The reason for this we think is evident. Warned by sad experience in former years, all of our larger cities have been placed under efficient sanitary control. Especial pains have been taken to cleanse all the streets and alleys, and to remove promptly all filth and garbage. These timely measures, together with the modern improvements, in the way of perfected underground drainage, clean, paved streets, and an abundant supply of pure water, renders most of our larger cities practically impregnable to the cholera scourge. The predisposing atmospheric influences may be present, but they have no power to generate the disease without the more direct, exciting causes. Isolated cases will occur here and there; *but they do not generate others;* the disease gains no foothold, and quickly dies out.

In many of the smaller places, however, which have been suffering most during the present season from cholera, there has been no attempt to place the streets in a proper sanitary condition. There have been no sewers; imperfect drainage; no public water supply, dependence having to be placed upon wells and cisterns, many of them filled only with impure surface water, etc..

If properly investigated, the spread and propagation of cholera can, we believe, be traced, in every identical instance, to some of these local, exciting causes, which proper, intelligent care and forethought might have removed.

Some facts lately evolved seem rather to

indicate that a deficiency of *ozone* and *electricity* in the atmosphere has some influence in favoring the development of cholera, and perhaps other epidemic diseases.

As far as the influence of these agents is known and can be studied, they seem to impart a *tonic, exhilarating* element to the atmosphere, any considerable deficiency in which is almost immediately perceptible in its depressing, enervating effect upon the organism.

Further and more extended observation and experiment are wanted to *prove* the connection which seems to exist between these influences and the epidemic diseases. We feel confident, however, that it is in this direction, if at all, that we are to look for success in the unraveling of the mystery which involves the origin and spread of cholera.

Society Reports.

CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

The regular meeting of the Society was held on Monday evening, July 28th, President Dr. A. Fisher in the chair.

Dr. F. H. Davis read a report of two cases of Sporadic Cholera, and Dr. Ethridge followed with an extended and interesting report on the Pathology and Treatment of Cholera. Dr. Ethridge considered that an overstimulated, exalted condition of the vaso-motor nervous system constituted the essential pathological conditions present in cholera, and proceeded to show how the various symptoms and phenomena of the disease could be explained on this theory. In regard to treatment, he thought that, admitting the correctness of this theory, such remedies as exerted a quieting, sedative influence upon the vaso-motor nervous system, ought to act beneficially. Having had no experience himself in the treatment of epidemic cholera, he had interviewed some dozen or more of what he called representative physicians, for the purpose of obtaining their opinion regarding the most successful courses of treatment. These opinions, however, as detailed by the Dr., were chiefly remarkable for the variety and diversity of the views expressed, no two out of the number, apparently, agreeing fully in their ideas regarding the pathology or treatment of the disease.

At the close of Dr. Ethridge's paper, Dr. John Bartlett made a few remarks regarding his experiences while in charge of the Cholera Hospital at Louisville, in 1866. The majority of the patients were in collapse when they arrived, so that the percentage of deaths in the Hospital had been necessarily very large. Almost everything in the way of treatment that was, or ever had been, suggested, was given a trial by them at that time—teaspoonful doses of calomel, repeated every half hour; the injection of artificial serum into the veins, and such like heroic measures among the rest. The Dr. mentioned one expedient which he had sometimes resorted to to arrest vomiting, and which he said might be denominated *splinting the stomach.* An ordinary wash-bowl being inverted over the abdomen, with a bit of lighted candle underneath to exhaust the air, a large *dry-cup* was thus formed, which, he stated, would in almost every instance effectually prevent any further effort at vomiting. In fact, he had never seen but one or two persons who *could* vomit, with this splint effectually applied.

In closing, Dr. Bartlett said, that, without any reference to the so much disputed question of pathology, there *were some remedies* which *experience* had demonstrated were useful, and which, when resorted to in time, were generally successful in arresting the attack of cholera. Chief among these were calomel, morphine, and acetate of lead, in small doses, frequently repeated. In the stage of collapse, strychnia and atropia had also sometimes proved of value. In giving injections in cholera, he said that care should be taken to introduce the injection well up into the rectum, by means of a small tube or canulæ fitted to the nozzle of the syringe.

At the request of the Society, Dr. Simons made a few remarks regarding some cases of cholera of a malignant type that had fallen under his care, on Butterfield street, near Thirty-ninth street. A full consideration of these cases was, however, postponed until the next meeting, when Drs. Boyd and Simons would be prepared to give a more detailed account of the epidemic which had apparently started in that region.

The Society then adjourned.

CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS

REGULAR MEETING.

Monday evening, Aug. 11th.—The Society was called to order by the President, Dr. Fisher. On recommendation of the Board of Censors, Drs. Lester Curtis and I. N. Danforth were elected members. On motion, the report of the Section on Surgery, which would have been the regular business to come before the Society at the meeting, was post-

poned for two weeks, in order to allow of the presentation of the reports on Cholera, prepared, at the request of the Society, by Drs. Boyd and Wood.

Dr. W. H. Boyd presented a map of localities where cases of cholera had occurred under his notice. He first cited the case of a man living at No. 945 Butterfield street. He was taken at about 4 o'clock A.M., and, when seen by Dr. Boyd, was in a state of collapse. He died in about six hours, and was buried the next day by his son, who rode to the grave on the corpse. The son was taken at 4 o'clock P.M. and died at 11 in the evening; and the mother died of the same complaint the following day. Dr. Boyd also referred to the case of a brakeman, who had not gone into any of the infected houses, nor had any intercourse with any of the families attacked by the disease, but who had passed one of the houses several times, and had undoubtedly taken it from the discharges thrown out promiscuously in the streets and gutters.

Dr. Jackson also knew of cases where the discharges had been thrown out and left exposed. An emigrant family moved into the house and three of them died.

In continuing the lecture, Dr. Boyd showed a well-defined connection between all the cases attended by him since June 9, amounting to 70 in all, and the first cases occurring at No. 945 Butterfield street. Dr. Boyd stated that there had been, in all, 36 deaths in this district from the disease, of which 17 were his cases. Wherever he had been called early, nearly all recovered; but when he had not been called until the state of collapse had ensued, only about five per cent. recovered.

The localities embraced in Dr. Boyd's practice are bounded by Thirty-seventh, Burnside, Forty-second streets, and Wentworth avenue, about 25 blocks in all.

Dr. M. W. Wood read an extended and important paper upon the various symptoms and treatments in cholera cases, and gave a very thorough citation of authorities. He expressed the opinion that cholera was the result of a specific malarial poison, assisted by local causes.

Dr. J. R. Jackson stated that from all the symptoms described there seemed to be but little difference between these symptoms and those of genuine cholera; and it was an important point to determine whether these cases should be acknowledged as cholera, or whether, as demanded by the Board of Health, they should continue to call it cholera-morbus. Dr. Rauch had gone over the territory with Dr. Boyd, and had attributed the prevalence of this disease to the character of the water, and recommended that the water service be extended to this locality. This had been done, but without marked improvement. It is now a question whether the Society should call this disease cholera, cholera-morbus, cholerine, or choleraic diarrhœa. If it was cholera, let them say so. The Board of Health seem to desire to keep the matter secret, for fear of creating an excitement. The disease should be stopped in the outset in the locality where it originated.

Dr. Simons said that the Board of Health objected to the disease being reported as cholera on account of the demoralizing effect of such an announcement. He thought it was cholera, and contagious. Dr. Miller had made arrangements to disinfect every place where any case was reported. The sanitary police had orders to report every case immediately, and to remove individuals from crowded houses to the hospital. Proper nurses and attendants would be provided for indigent families. Diarrhœa almost always was a premonitory symptom, and when it occurs medical aid should be called immediately.

Dr. Ethridge said that, since 7 o'clock this evening he had attended three cases on Butterfield street, near Thirty-second, a woman, son and daughter. Symptoms were all similar to cholera.

Dr. Jackson wished to know the opinion of the Society upon the actual sanitary condition of the city.

Dr. Lyman thought that we had cholera in a sporadic form, but not Asiatic cholera.

Dr Emmons thought it was Asiatic cholera in the sporadic form. The city was not in a good condition. He advised caution in the matter of diet, and avoidance of food which tended toward cholera.

Dr. Hyde advocated the erection of pavilion hospitals in isolated places, which could be entirely destroyed after the disease had passed by.

Dr. Simons said that the Board of Health had fitted up the old small-pox hospital, and also intended to ask Gen. Sheridan for a number of shelter-tents, to be used in the open spots.

Dr. Bartlett thought that the disease was cholera Asiatica, and nothing else. He wanted to know what the Board of Health had been doing, and what they were paid for, if they permitted such a state of affairs as had been spoken of by Drs. Boyd and Jackson. The condition of many parts of the city was outrageous.

After a prolonged discussion the Society adjourned, on motion, for one week, when a special meeting will be held for the further discussion of the subject of Cholera.

THE

MEDICAL EXAMINER.

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EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, August 15th, 1873.

EDITORIAL.

CHOLERA — ITS PREVENTION AND TREATMENT.

We do not intend to enter upon any extended discussion of this subject at present. In the July number of the Nashville *Journal of Medicine and Surgery* the senior editor calls attention to diet as a preventative of cholera. He says, "Vegetable and fruit eaters alone die of cholera." In reference to the prevalence of cholera in Nashville in 1849, 1850, 1854, and 1866, he says, "No one who abstained from fruits, vegetables, and *animal products*, died of the disease." And again, since the recent epidemic in that city, he repeats the assertion that "Cholera would not prey upon one who had no fruits, vegetables, nor animal products in his stomach." While we were seriously casting about to see what would be left for a hungry man to live on, after excluding all "fruits, vegetables, and animal products" from his stomach, our eye caught the last paragraph of the editorial, in which our friend Bowling proposes to show that "one brave, good man, with five assistants, did drive — literally drive — cholera out of the negro villages around our city (Nashville), when it was at its worst. But they carried hope in their faces, medicine in one hand, and *chickens* in the other; but ne'er a vegetable, ne'er a time!"

To talk about preventing cholera by excluding from a man's stomach all "fruits, vegetables, and animal products," and then tell us that some good, brave man had literally driven the disease out of town by a hopeful countenance, aided by medicine in one hand and *chickens* in the other, is to mix things almost as badly as we sometimes mix ancient and modern languages in writing prescriptions.

Does not our confrere of Nashville regard chickens as animal products? And if he does, what did that brave, good man carry them in one hand for? Was it merely that they might aid the effects of the *hope* in his own face, by crowing here and there?

Seriously, however, we hope our much esteemed friend Bowling will lose no time in giving us a full account of just what diet he regards as safe for human beings to eat during the season when cholera is prevalent. We were not fortunate enough to see or notice what he published on this subject in either 1850 or 1854; and the subject is one of so much importance that we hope he will favor the profession with a more detailed statement of his recent experience, both in regard to the prevention and cure of this much dreaded disease.

We have anxiously watched our exchanges, especially those from the Mississippi and Ohio valleys, where the cholera has been prevailing during the present summer, in the hope that we might find something new and more efficient in the treatment of the disease. But, aside from the limited use of quinia, morphia, and atropia, hypodermically, we notice nothing worthy of mention that is not already familiar to our readers. We think the hypodermic injection of quinia, in moderate doses, in addition to the treatment we have heretofore recommended by the mouth and rectum, would be of much value. But the use of morphia, either alone or combined with atropia, hypodermically, should not be resorted to without great caution, especially in the stage of collapse, or its near approach.

After all that has been written on the subject, our main reliance in the treatment of cholera must be in the early adoption of such measures as are calculated to overcome the irritability and perverted action of the mucous membrane, and to destroy whatever poison or germ may be supposed to exist as the exciting cause of the disease. Anodyne and astringent injections into the rectum, after every passage; small doses of calomel

and morphia, *immediately* after every act of vomiting; one-quarter of a grain of carbolic acid, in solution with a little glycerine and camphorated tincture opium, every hour at first, and later every two hours; with mustard sinapisms over the whole length of the spine and epigastrium, and entire rest, constitute the most efficient treatment for the active, violent stage of genuine cholera. The addition of hypodermic injections of quinia would probably aid the other remedies. As the system becomes drained of its fluids, towards the end of the active stage, animal broth, well salted, given alternately with strong coffee, at frequent intervals, but in table-spoonful doses, should be given for replenishment and support.

MEDICAL JOURNAL REVIVED.—The *Peninsular Journal of Medicine*, which has been suspended for several years, is revived under the editorial management of Henry F. Lyster, M.D., of Detroit. It is a monthly, published at Detroit. The new issue commenced with the July number. We welcome it to our exchange list.

THE INFECTED DISTRICT. — The locality where the cases of cholera reported at the last meeting of the Society of Physicians and Surgeons have occurred, is a new district, lately settled, where the open prairie has only the past season been turned up, roads cut through, etc. No sewers are yet put down, and the lake water has been introduced only during the last few weeks, since the outbreak of the epidemic. The district is in a measure isolated from the more thickly settled districts of the city, and it has not, apparently, as yet spread much beyond the limits there mentioned. Isolated sporadic cases, however, have occurred in many of the more crowded, filthy districts in various parts of the city. The family in which the disease first broke out at 945 Butterfield street had been living here in the city for two years, and it cannot be learned that they had been in contact with any emigrants or recently-arrived strangers.

Gleanings from Our Exchanges.

DELIVERY OF THE HEAD IN BREECH PRESENTATION.—Dr. Hannibal Langdon, of Ligonier, Ind., in a very interesting communication addressed to the editors of the *American Practitioner*, advises the following practice in the delivery of the head in breech presentations, and states that he has proved its value in numerous cases:

"Breech presentations occur once in sixty times, and the mortality to children is about one in three and a half. The dangers to the child are from compression of the cord, detachment of placenta, inertia of the uterus after the body is born, etc. The remedy is *rapid* delivery. But you may not have the advised forceps at hand; you have, however, your fingers, which can be more promptly and successfully used than any instruments. This is the method of proceeding: The infant's body is delivered with its back superior, the patient lying upon her back. First draw the cord down a little way; then if the head has passed the superior strait, the face is in the hollow of the sacrum; if not, bring it down, according to the usual rules, as rapidly as possible. Then introduce the index-finger of one hand into the mouth of the child, drawing the chin down, at the same time with the fingers of the other hand push the occiput up, thus securing perfect flexion. This accomplished, the face of the child will present at the vulva; and immediately withdraw the finger from the infant's mouth, and pass two fingers into the rectum of the patient, and you readily reach the vertex and use these fingers as a lever, lifting *upward* and *outward*, while a similar movement is communicated to the body of the child with the other hand placed below it. If you are on the patient's right side, your index and middle fingers of the right hand will be against the vertex of the child; if upon your left, those of your left hand. If unfortunately you have failed to deliver the body with the back superior, and you have the face toward the pubes, the same general steps are necessary, save that the finger of your right or left hand, as the case may be, should be *kept* in the child's mouth while the upward and outward movement is made with the fingers on the vertex. This method of delivery is applicable to all cases where the body of the child is born first. By it the head can be delivered in less time than required for the application of forceps, and it is much safer for the mother at least. Pursuing it, I have never lost a child in breech presentation, or in podalic version."

THERAPEUTICAL EFFECT OF LIQUOR SODÆ CHLORATÆ.—Dr. Cooper advocates the use of Labarraque's solution in relaxed states of the uterine and periuterine tissues, and thinks that it gives tone to the weakened utero-sacral ligaments, increases vaginal contractions, removes the bearing down and tendency to prolapse, diminishes congestion of the neck of the womb, thereby lessening very considerably leucorrhœal and menorrhagic discharges; and these effects are followed by the entire subsidence of sympathetic disturbances, the sacral, rectal, and ovarian distress, the hypochondrial tumefaction, the gastric and precordial sinking, the sub-mammary stitch, and chest pains and headache. He recommends two or three drops of the ordinary commercial solution to be placed in half a tumblerful of water, and directs that a dessert-spoonful of this be taken occasionally. Should disagreeable symptoms be produced by the medicine—*e. g.*, rapid emaciation and influenza-like debility, which is its most uniformly unfavorable symptoms—it should be discontinued for some time. As an ingredient of vaginal douches in ulceration of the neck of the womb, hypochlorite of soda gives great relief.—*Dub. Jour. of Med. Sci., April.—Medical Record.*

CLINICAL ILLUSTRATIONS OF THE VALUE OF PHOSPHORUS IN CERTAIN FORMS OF DISEASE OF THE NERVOUS SYSTEM.—Under this heading, Dr. W. H. Broadbent, of London, relates cases of epileptiform vertigo, severe neuralgia with gastric complications, nervous breakdown from overwork, and atonic dyspepsia. He thinks the failure on the part of the phosphorus to answer the expectations of those who thought a few years since they had in it a powerful remedy in this class of affections, is to be explained by the difficulty of administering it without destruction; or, at any rate, impairment of its activity by oxidation. He says that instead of giving it as formerly, dissolved in almond or olive oil, and suspended in mucilage, in which form oxidation takes place slowly, but which forms a nauseating mixture, he has administered it dissolved in oil or lard and inclosed in a gelatine capsule; the dose is about $\frac{1}{30}$ of a grain, and it may be taken two or three times a day—always after food. When dissolved in cod-liver oil phosphorus appears to undergo oxidation more rapidly than in any other medium by which it has been administered; and in the form of pill its deterioration is but little less rapid. Dr. Broadbent thinks it as absurd to substitute phosphoric acid for phosphorus as it would be to expect sulphuric acid to give us the therapeutical effects of sulphur.—*The Practitioner.—Med. Record.*

PHOSPHORUS MIXTURE.—A very pleasant preparation of phosphorus, in the fluid form, is: Dissolve a grain of phosphorus in six drachms of chloroform, and add two ounces of good glycerine, and shake well. The glycerine forms a permanent union with chloroform, which dilution with water does not separate. Dose, a teaspoonful three times a day.

Hypophosphorus acid has not received that attention its merits entitle it to. As a remedial agent of the phosphorus family, it is one of the most reliable. The hypophosphorus acid, in solution, enters the economy in combination with some of the fatty acids and glycerine combined, and forms a true nerve food and restorative. For children it is of decided advantage. The usual dose is from ten drops to ʒ ss., with an equal quantity of glycerine in half to an ounce of some aromatic water.—*Medical Archives.*

BOILS, THEIR CAUSE AND CURE.—Dr. J. D. McGaughey, in *Medical Times* (March 8), gives some good reasons for thinking that the probable cause of boils is a temporary increase of the white blood corpuscles. For their cure he recommends the use of quinine in doses sufficient to affect the head, and continued till recovery. Arsenic he thinks the next best remedy. This view is further supported by the observations of Binz. He found that quinine kills the white blood corpuscles, and when given by the mouth the quantity of white blood corpuscles in the blood was diminished.—*South. Med. Record.*

TREATMENT OF CHLOROFORM NARCOSIS BY ICE IN THE RECTUM.—Dr. Baillee thinks there is no readier or more effectual mode of combating the narcosis of chloroform than that of introducing a small piece of ice into the rectum. But little force is required to pass it through the anus; it melts immediately, and causes by its presence a deep reflex inspiration, which leads to respiratory movement and re-establishment of the cardiac function. The method is also recommended to be pursued in the treatment of apparent death in the newly-born.—*Bul. Gen. de Therap., April* 15.—*Med. Record.*

DR. HANOT recently reported to the *Societe de Biologie* in Paris a case in which uræmia, supervening on general paralysis, was diagnosed by the symptom pointed out by Bourneville—a rapid and general decline of temperature.

THE REGULAR PROFESSION IN PHILADELPHIA.—The *Philadelphia Medical Register* states that there are in that city 699 regular physicians. Of these, 50 are on the retired list.

Bromide of Potassium.—The subjoined conclusions concerning bromide of potassium are noted by M. Gonzales Echeverria, of New York (*Philadelphia Medical Times*), based on clinical facts: The remedy operates actively in a paralyzing manner on the excito-motor power of the sympathetic and spinal nervous system, and produces cerebral congestion. It is not a specific for epilepsy, but may contribute most efficiently to arrest the fits, by suspending reflex excitability of the spinal cord in a more uniform and active manner than any of its kindred salts. The benefits of the bromide of potassium increase and are better secured by administering it combined with conium, ergot, arsenic, and strychnia. Sixty grains is the average daily amount of bromide of potassium required in ordinary cases of epilepsy; but it is necessary to keep epileptics, at different intervals during the progress of their attacks, under the full physiological effects of the bromide, to suspend it until the bromism is dispelled, and then to resume the salt again in ordinary doses. It alone exerts little or no effect on the attacks of *petit mal*, unless associated with large doses of ergotine (gr. vi. to gr. xvi.) and conium. The remedy should never be discontinued suddenly, even when the epileptic fits have not recurred in a long time, but the dose of the salt should be gradually decreased, and the treatment left off insensibly, when there is every indication of the complete eradication of the epileptic habit. Nothing proves that the efficacy of the bromide of potassium bears any relation to the existence or severity of the bromide eruption. Arsenic prevents or mitigates it, and acts further as a valuable tonic. Coffee is one of the best means of correcting the unpleasant action of full doses of the bromide. When it is taken by the mother in large and prolonged doses, it does not seem to have any noxious influence on the fœtus.—*N. Y. Med. Rec.*

Oxide of Zinc in the Diarrhœa of Infants and Young Children.—Dr. Brakenridge, of Edinburgh, whose experience is very extensive, and who has employed all the remedies in use for infantile diarrhœa, gives the preference to the oxide of zinc. He says: 1. Diarrhœa in these cases arises from a condition of debility and great susceptibility of the nervous centers, which prevent proper secretion from the alimentary tract. 2. It is intimately associated with convulsions and convulsive affections. 3. It is accompanied by congestion of the secreting surface of the digestive passages.

To meet these conditions requires a remedy which is at once tonic, antispasmodic, and astringent. These properties he believes to be united in the oxide of zinc. It is a tonic for the nervous system, just as iron is for the blood. As an antispasmodic and astringent it has already gained a reputation founded on clinical experience. He has employed it in twelve cases, four of them girls and eight of them boys, and varying in age from four months to one and a half years. The form was usually that of the powder, but it was also given in a solution of gum arabic, with a slight addition of glycerine. The general results observed were: 1. That it moderated the diarrhœa quickly. 2. That vomiting stopped. 3. That digestion improved. 4. That intestinal hæmorrhage was frequently arrested. 5. Teething was favored rather than otherwise. 6. That even where no change was made in diet, and the other conditions remained the same, the treatment progressed favorably. 7. When, however, diet and regimen were carefully regulated, success was more rapid and decided.—*Med. Times and Gazette.*

Treatment of Hooping-Cough.—Dr. Charles Kelly, in the *Practitioner* for March, 1873, reports some experiments with belladonna in this disease. It was given in full doses, gtts. x to ʒ ss. of the tincture every two, three or four hours, for four or five days at a time; and the effect seemed to be to lessen the severity and duration of the coughing spells.

Dr. Berry, of Lancaster, is quoted in the same journal as advocating the use of dilute nitric acid, gtts. v. to xv., given in simple syrup every three or four hours. He thinks it not only allayed the cough and spasm, but actually cut short the disease.—*South. Med. Record.*

The First Operation of Lithotripsy in America.—Dr. Alban Goldsmith, the first assistant to Dr. McDowell, in many of his ovariotomies, made the first operation of lithotripsy ever performed in Kentucky or in the United States. It occurred in 1829.

The First English Obstetrical Writer.—The first English midwife who appeared as an obstetrical writer was Mrs. Jane Sharp, of London, whose work was published in 1671, under the name of the "Midwives' Book"—a duodecimo of 418 pages.

Excision of the Ankle Joint.—The first English surgeon who performed the difficult operation of excision of the ankle joint was Henry Hancock, senior surgeon of Charing Cross Hospital, and President of the Royal College of Surgeons, London.

Original Communications.

REPORT ON CHOLERA.

READ BEFORE THE M'LEAN COUNTY MEDICAL SOCIETY, AUGUST 4TH, 1873, BY T. F. WORRELL, M.D., PRESIDENT ILLINOIS STATE MEDICAL SOCIETY.

Mr. President, and Gentlemen of the McLean County Medical Society:

In response to your action appointing me to prepare a paper on the subject of Cholera, I am here to submit some reflections which embody the views I entertain in regard to the *nature* and the pathology of this disease. I have chosen to discuss this department of the subject because of its *intrinsic* importance, as well as because of the fact that medical men are divided in their opinions and conclusions in reference to the *nature* of this great scourge of our race.

It would, perhaps, be interesting to dwell a little upon the *history* of this terrible epidemic, which, it is believed, originated in the fourteenth century, and which was called "*Black Death*," or "Oriental Plague." The *ravages* of this disease are unparalleled in the history of the epidemics which have depopulated the world. Historians tell us that it swept off one-fourth of the inhabitants of the Old World in the brief period of four years. England lost one-half of its population; London lost 100,000 in four months, and other cities in proportion. It is said that China lost 13,000,000 of her inhabitants by this plague in one visitation. India was almost depopulated; and Tartary and Syria, were literally covered with dead bodies; and ships were seen, long after the subsidence of the epidemic, floating about without crews, in the waters of the Mediterranean. No climate is a barrier to its progress. It made its first appearance on our continent in 1832, with fearful mortality; and though its home seems to be on the Ganges, yet it occasionally visits the inhabitants of all parts of our planet, and leaves a broad mark of devastation and death. Truly, it has a wonderful history, with which you are all familiar; and so I will dismiss its further consideration.

Nor will I occupy your time by any statements in regard to the *diagnosis* of this disease. When it is fully developed, it cannot be mistaken for, nor confounded with, any other of the maladies which afflict and decimate the race. Its symptoms are pretty uniformly the same everywhere, in every clime, with every people.

And before I *state* the theory which I have adopted of its pathology and treatment, I think it proper to quote the opinions of some of the distinguished authors who have written upon this subject. Dr. Thayer, of Brooklyn, who had charge of the Cholera hospitals of that city in '49, '54 and '56, says: "The *essential* pathology of the disease consists in a remarkable change in the blood, by which its red corpuscles lose their power of oxygenation, and there is, consequently, a general arrest of the circulation. He says it is highly probable, that calomel acting primarily on the portal circulation through the intestinal mucous membrane, relieves, secondarily, the systemic capillaries, thereby arresting the destruction of the red corpuscles, while it eliminates the choleraic poison by the bowels;" and he refers to the lamented Nuinger in support of these views.

Dr. Flint says: "The first appreciable result in the history of the disease is transudation into the alimentary canal. The characteristic dejections, and the contents of the intestines found after death, consist of water in great abundance, holding in solution a little albumen, and several saline constituents, the most abundant being the chloride of sodium and desquamated epithelium. The blood, of course, loses what is transuded into the alimentary canal. From this loss of water, the blood becomes dense and viscid. The blood globules are relatively in excess, owing to the loss of water. The blood is deficient in saline elements, which have escaped with the transuded water. The fibrin is not diminished. The albumen is relatively greater than in health; but it is actually diminished."

Most of the striking phenomena of the disease are plainly attributable to the blood

lesion *resulting* from the loss of the constituents found in the choleraic dejections.

The water which does not enter into the constitution of the albumen and fibrin, serves to hold the various salts in solution, and it cannot vary much in quantity, from a certain standard, without great danger to life. The alkaline carbonates have a tendency to preserve the fluidity of the fibrin. The blood, deprived of its fluid constituents, circulates with difficulty, and the changes effected by respiration take place imperfectly. The transudation, which is first in the catenation of appreciable events, involves an underlying, and, at present, inappreciable, pathological condidition. The latter should be understood in order to know fully the pathological character of the disease.

It is probable that the primary essential change is in the blood, holding in solution, saline constituents, which causes transudation into the alimentary canal.

According to Robin, "this pathological change is an isomeric modification of the coagulable constituents of the blood plasma, in consequence of which, they part with the water entering into their composition; hence the transudation by exosmosis, and defective absorption or endosmosis."

Watson says: "The examination of the dead body throws no light upon the nature of this disease; the principal lesion being that the veins are clogged with thick, black, tar-like blood." Having speculated at some length on the courses of the disease, he concludes in this language: "Its visitations are so rapid, widely spread, and multitudinous, that there is no time for its transferrence from house to house, or from person to person. Its inherent rate of locomotion outstrips and precludes the tardier conveyance of the poison by man. Its contagious qualities (granting that they exist) are hidden in its universality, and can seldom be traced, except by accident.

My own creed is, that cholera is contagious, in a limited sense; at the same time, I believe that a great majority of the cases are not attributable to direct contagion, but to the poison diffused in the atmosphere."

Dr. Clymer adds: "During the prevalence of cholera in Philadelphia in 1832, we closely investigated every fact calculated to throw light upon its contagious or non-contagious character. [For this investigation, our position in the Board of Health, as chief of a large hospital, afforded us ample opportunity.] But we were unable to discover the slightest evidence of the disease having been, in any instance, communicated from the sick to the well."

Aitkin, commences his very full and able article on this disease by the following definition, viz.: "A disease essentially of miasmatic origin, developed under certain atmospheric or territorial local conditions, in Europe, Asia and America, and capable of being propagated or diffused to a certain extent over the surface of the earth, through the atmosphere, or in some other way, and also by means of human intercourse between the healthy and the sick."

On the pathology of this disease, volumes have been written during recent years, many of them by those who have witnessed the behavior of this disease in its native home, as well as in other parts of Asia and Europe; and they all agree that, whatever may be the *exciting* cause or causes, the remote cause is a poison capable of propagation and diffusion, in countries whose climate, soil, and geological formations, as also the moral and physical habits of the population, are as different as possible.

Aitkin says (page 576, vol. I.): "One doctrine, now generally accepted, regarding the pathology of cholera, is, that a poison has been absorbed, and infects the blood; that, after a longer or shorter time, it produces a primary disease of the blood; that it undergoes enormous multiplication in the human body, as a result of the morbid process so established; and that changes are induced, consequent upon the alteration of the blood by the poison." In support of this view, he quotes the great English poet, who, describing this disease, says: "Where effect holds such an enmity with blood of man, that, quick as quicksilver, it courses through the natural gates and alleys of the body, and with a sud-

den vigor it doth posset and curd, like eager droppings into milk, the thin and wholesome blood."

"But," continues Aitkin, "another doctrine is now also making progress—that the blood is only *secondarily affected*, and that *primarily*, a poison makes its way to the intestinal, mucous membrane, and *there* develops itself to the rapid annihilation of the power of life."

If such a doctrine prove true, then this disease must be classified among parasitical poisons, and treated accordingly. "The phenomena resulting from the changes in the blood are the proper and distinctive symptoms of the disease." (Page 576, bottom.) "The follicular structure of the bowel is found to be swollen and flabby, as is the skin corrugated and sodden, both having been drenched and bleached by a very similar process." The serum poured into the bowels differs but little from that liquid which so abundantly exudes from the cutaneous surface.

In regard to the pathology of cholera, there are but two theories (in the books) which, in my humble judgment, are entitled to merit. The first one asserts that cholera *begins* as an actual blood changer, capable of producing all the phenomena which are observed in the behavior of this disease. The second teaches that it *begins* as a bowel disease, producible by direct contagion with the mucous surface, *without* the intervention of the blood.

That it may be introduced into the system through the medium of the mucous membrane of the bowels, we will admit. But that this is the *only* or usual mode of infection, we are forced to deny. I think it would be utterly fallacious to attribute the numerous cases which occur in different portions of the same community, simultaneously, to any cause acting *primarily* on the mucous membrane of the alimentary canal. *Since* that could be effected in no other way except by eating or drinking that to which the poison had been imparted.

On the other hand—as all inspire a common atmosphere, and as the doctrine that many poisons more or less subtle are conveyed into the circulation by respiration, is accepted by all without controversy.—I cannot see why it may not be the medium of communication for this disease. A very strong and (I think) unanswerable argument in support of this theory is, that a large proportion of the cases come on and are developed too suddenly to admit of the probability that it is caused by a poison making its primary impression on the bowels; for it requires no discussion to prove that those tissues through which oxygen is easily conveyed into the blood, and carbonic gas removed from it, will readily transmit minute particles of poison, whether called ozone or protozone.

I conclude that, in the production of cholera, two factors are required, the one, some air-born material, or some dynamic modification of atmospheric elements coming from *without;* the other, some *local* element; and neither being potential for the production of the disease alone.

I will here undertake to define my view of the *modus operandi* of the poison in the development of those phenomena that constitute the disease called cholera. When the poison has entered the circulation, its first effect is so to alter the blood as to cause its *dissolution*, breaking up that chemical affinity, or rather those chemical and catalitic affinities, by whose influence the several constituents of the blood are kept in their normal, proportionate relations. The serum of the blood does not transude through the vessels, *ordinarily*, simply because it is admixed with the other ingredients of that fluid, forming with them a homogeneous liquid; and also because this union of elements is constantly preserved by those vital or chemical or physiological agencies, which may be denominated the *vis vitæ*, if you please. Sometimes the power of the poison thus introduced is so deadly that it causes an exudation of the red globules of the blood, as we see after a bite by a rattlesnake or tarantula. It would seem that, in this case, the denser portions of the blood were rendered as liquid as its serum, or as though its vital proportion were destroyed by the employment of heat.

At the same time that this great change is produced in the blood plasma, another effect of the poison is displayed; that is this, the tonic contractility of the arteries, veins and capillaries, by whose agency, in part, the blood is carried forward in its circuit through the system, and by which, also, exosmosis is prevented, is suddenly paralyzed. This causes so much relaxation of the blood vessels, that they readily yield to the tendency of the more fluid portion of their contents to escape from them.

The blood, thus deprived of that portion of it which contributes so greatly to its easy and rapid circulation, and also of that vital power which serves a constant stimulus to the performance of this great function of the animal economy, becomes clogged in its course; and if this condition is not speedily relieved, it will cease to flow altogether, and life become extinct as a necessary consequence.

Argument and illustration might be multiplied (as I conceive), to prove that the theory (conjecture, if you please to call it so) which I have adopted, and which I have briefly, but I hope clearly, set forth in this paper, is at least as rational as any that has been advanced; that it accounts for the symptoms as well as for the *post mortem* phenomena characteristic of this dread disease, wherever it has prevailed around the globe; and that it is in perfect harmony with that general mode of treatment which is the practice of all kinds and classes of physicians the world over. I refer to the universal employment of opium as the great sheet-anchor in the treatment, and to alcohol, both of which are always administered, whatever else may be given or omitted. Now, *how* do these great agents operate to control or modify the potential influence of the poison of cholera? I answer, they operate in perfect harmony with the theory I have set up of the pathology of the disease; *i. e.*, they arrest, or at least *retard*, that rapid metamorphosis which is going on in the blood plasma, by their SEDATIVE influence upon the action of those vital functions, by which life is not only preserved but by which also the *virus* of this epidemic is rendered destructive. We all know that small, *stimulating* doses of these remedies, however frequently administered, have but little effect to arrest this disease; and as the powers of life give way rapidly under the overwhelming force of this fell destroyer, it would seem that the first and paramount indication of treatment is to *stimulate* all the failing functions of life. But instead of this, we use the most potential *sedatives*, in potential doses; and we succeed in this way, and in no other.

Another thought, and I shall be done. The *duration* of the poison of cholera in the system, according to Dr. Sutton, is from twenty to thirty hours; that is, the cholera process runs its course and expands all its force in about that time; after that it is inert.

Then, if we can cripple its energies or retard its progress by means which, though they depress and partially paralyze the vital functions for a brief period, yet husband nature's recuperative resources, we shall accomplish much to diminish the mortality of a disease whose dreadful nature is portrayed in the sacred Scriptures, where it is spoken of as the "pestilence that walketh in darkness, and the destruction that wasteth at noon-day."

REPORT OF A CASE OF SCIATICA.

READ BEFORE THE MONTGOMERY CO. MEDICAL SOCIETY, BY T. D. WASHBURN, M.D.

On the 7th of April last, was called to see Mr. Abner Short, a farmer, aged 60; well developed; average vitality; nervo-sanguine temperament; good habits, and good general health. Eight years before had suffered with such severe pain in the hip as to call a doctor, and was relieved with a few doses of morphia. A month since he had trouble with his kidneys and bladder — pain, frequent micturitions, with sediment and turbid urine, which he thinks was relieved by homœopathic treatment. For some weeks now pain has been gradually increasing along the course of the sciatic — more intense externally and at night — painful to sit, lie or walk on the

affected limb (the right). Having rubbed with various liniments, he tried a blister a week since, without relief.

I find him now with hot skin, coated tongue, constipated bowels, bad breath, headache, high colored urine, and much pain in region of hip; no appetite; pulse 75; thirst; also pain over right hypogastrium and bowels and testicle, the latter swollen, indicating effusion. I gave at once *three* comp. cath. pills, and left a solution of antimony, potassa nit., and a small portion of morphia, to be given in three hours, and to repeat every two hours until nausea or perspiration.

April 9th. Found my patient much relieved. Fever subsided, bowels well moved, skin and kidneys acting, but pain still present. I now applied a blister (2x4) over the pain, just back of trochanter; order it kept open and dressed with morphia acet., gr. i. (rubbed up with sugar), daily; take iod. potassa, grs. v., tinct. aconite, gtts. v., three times a day.

April 13th. Found the iodide had produced its characteristic eruption, and the aconite had partially controlled the pain; but still patient at times suffers much. Appetite remains fair.

℞.—Quinia,
Cinchona-quinia, a a. grs. iiss.
Morphia sulph., gr. is.—M.

Of which take *one* three times a day.

April 16th. While the morphia was taken, the pain was partially controlled. I now added prussiate ferri to my tonic powders, and gave my morphia combined with fluid ext. valerian, in increased doses. Occasionally compound cath. pills (*two*) are used to keep the bowels open. Urine remains clear and plenty; skin acts well; condition generally normal; not restricted in his diet.

April 20th. Pain persists, but inclined to be more severe about the knee; had a blister placed posteriorly two inches above, and directed to be dressed *twice* a day with a gr. of morphia acet.; withdrew the anodyne internally, also the tonics, and gave spirits of turpentine ʒ i., in mucilage, three times a day, alternating with bromide of potassa, grs. xv. each dose.

April 23d. About this time, finding no satisfactory result from the treatment, I began the use of the battery, local and general galvanism, for fifteen or twenty minutes, twice a day. This gave some relief, but the effect did not seem to last long, so I was compelled to leave ½ gr. powders of morphia, to be given when the pain was severe.

I now gave:

℞.—Tinct. ferri chlor., gtts. xx.
Fluid ext. ergot, ʒ ss.—M.

To be taken before each meal.

Blister having healed, I left strong liniment of aconite, ammonia and turpentine, to apply where pain was worst.

April 27th. Paroxysms of pain occur during the latter part of the night, but are not periodic; the tonics do not control them; nothing but an increased and continued use of morphia gives relief. To-day I put him on wine of colchicum, ʒ ss., three times a day, and chloral, gr. xx., at bed-time.

April 29th. Paroxysms of pain at night continue, sometimes every night, then an omission of one or two. Now and then these paroxysms, from their severity, seem to deprive him of consciousness, and for a few minutes he wanders.

These three weeks he has been confined to his bed, barely able, with the help of a rope suspended from the ceiling, to raise himself or turn over.

The weather has been cold, damp and changeable. When pain was intense, cloths wrung out of boiling hot water have been applied, giving partial relief. Pain in the testicle, which has continued to increase in size, has been modified by the free use of tobacco fomentations. To be sure as to what was the matter, passed an exploring needle, and drew off two tablespoonsful of serous water.

Continued colchicum, and alternate with tinct. guiac, ʒ doses.

May 4th. Remains much the same; has not apparently lost in flesh or strength, but suffering has been little modified by treatment. The battery appears to have changed the *character* of the pains somewhat, making them less paroxysmal, and not so difficult to

bear; less periodic and neuralgic, and more continuous. Withdrew all remedies except aconite and mur. ammonia, leaving some morphia powders for emergencies.

May 6th. I find him suffering so much that I have withdrawn everything, and used the hypodermic injection of $\frac{2}{3}$ gr. morphia in the right arm (which I should have done sooner had the patient been near town). In ten minutes the pain was gone, and he was free from suffering for near twenty-four hours, when I repeated the same dose. A teaspoonful of salts was sufficient to move the bowels. I now urge him to begin to use his strength, sit up, and walk across the room. In a week he was about the place, steadily gaining, able to lie on the affected side, and begins to ride out.

After a few days I gave the charge of the injection to a neighbor of his; and soon after one of his own family took charge of it; and from that time to the present, more than six weeks, the injection has been used, with *one* or *two* exceptions, daily. His arm is well scarred. I gave one over the seat of pain, in the hip, but it did not act as promptly as in the arms; have given in both arms. He *thinks* his fingers *partially* paralyzed from the use of it; *no other* inconvenience.

When I attended the State Medical Society, at Bloomington, I expected to meet some one who could pilot me out of this formidable case—perhaps with a specific, or other reliable remedy—but I found none even sanguine of a speedy cure. I intended to have buttonholed Dr. Prince, of Jacksonville, who was giving special attention to galvanism, but our time was so much engrossed I failed to do it. I have endeavored faithfully to consult authorities — Tweedie, Wood, Flint, Burnet, Graves, Marshall, Hall, Brown, Sequard, Hafeland, Niemeyer, Braithwaite; *Medical and Surgical Electricity*, by Beard and Rockwell; but none can satisfactorily give the pathology, and hence fail to meet the remedy.

Prof. Andrews, of Chicago, advised to make inspection of the *rectum*, as some cases had been so masked that the real cause, a tumor in the rectum, had been overlooked; but the whole history of the case, and personal inspection, forbid such an hypothesis. If the kidneys were not performing their functions so well, I might look there possibly for some key to this continued pain; but I think both these organs innocent. The latest authority, in which the writer speaks of his own experience in this painful disease, is Dr. Lawson, in the *Dublin Journal of Medical Science*, June, 1872. Also, in *Braithwaite*, part 66, He admits that he is exposed to the criticism of treating a symptom, but adds that the symptom (pain) is the whole of it; by arresting that we remove the trouble. He is of the opinion we know nothing of the pathology of sciatica; and I am partly confirmed in this view, by the testimony of others, in the general exception they make of *sciatica*, in treating other neuralgias.

As to adjuvants, Dr. Lawson has found cod liver oil, quassia and iron invaluable. He thinks well of alcohol, in bad cases and impaired vitality, in the form of whisky or brandy; but discards the use of beer, wine, tea and coffee. He says the hypodermic injection may be continued for months; nausea is less likely to occur if the stomach has food. *

Next, perhaps, in as positive terms, is Dr. Blackiston, in *Medical Times and Gazette*, (Dublin), 1855, in which he quotes 83 cases treated with the blister and acet. morphia, as reported in the early part of this paper. But it certainly failed to give more than temporary relief in this case (though carried out to the letter). Next in power to this, and well worth a trial, is the use of a small metal disc, heated in a spirit-lamp and passed rapidly over the painful part, almost blistering by its intense heat, but generally only leaving some redness, or slightly raising the cuticle in spots.

Indian hemp, gelsemium, belladonna, croton oil, vapor baths, etc., have had their

* Since this paper was read, I find, in *The Clinic*, of July 5th, a case reported by Dr. Bartholow, in which 2 grs. of morphia and 1-96th of atropia, were injected, for more than two years, daily. They were gradually diminished, in the course of six months, without jar to the nervous system. He also states that, "One year has now passed since they were discontinued, and no difficulty or embarrassments of any kind has been experienced."

advocates. Alteratives, antimony, tonics, and opium were frequently the heroic remedies. But when your patient is on the verge of distraction, wondering whether there is *any* virtue in medicine; when one is just ready to swear, or to cry, it is about time the doctor was mustering his forces as though he meant business; and the agency most likely to please the patient is the hypodermic injection of morphia.

The solution I used was grs. xxxii. to the oz. of distilled water. There is another agent, whose laws are not yet *well* defined, which I believe may be found useful—*galvanism*. As a nerve tonic, possibly a curative, in this case, I think it would be well to try the compound phophorus pill, or the iodoform and iron.

It seems desirable to make a *change;* the morphine habit is a bad one, and yet he suffers without it. What substitute can we make? I have advised the general withdrawal, by giving a drop less every other day.

I have hastily prepared this paper, and present the patient for your careful inspection and counsel. *

On Skin Diseases, by Dr. Hardy. — On the 13th of June, Dr. Hardy (*Mouvement Med.*, 21st June) delivered a clinical lecture on some cases occurring in his wards at the Hop. St. Louis, of Paris, which has been translated for the *Medical Press*, as follows:

"In No. 20, we have a patient who has exhibited for fifteen days past an affection which has commenced by a voluminous stain, the size of a franc, developed on the superior part of the neck. This circular stain has become larger for some days past. Beside it we see a second and third stain, both of which are concentric, and also have recently been enlarged. Upon the primitive stain, some white pustules which covered it have burst, and have left crusts. At present, the disease appears as if formed by four stains, rounded, independent of which the principal presents a crust, which results from the dessication of the vesico-pustules. With respect to symptoms in the locality of the stains, the patient speaks of pain, prickling, and itching. The general health is not altered.

"What you see there, gentlemen, is a *herpes circinatus* characterized by red, rounded stains, which tend to become larger, on which pustules or vesico-pustules have formed, which tend to burst, and forming thus crusts by the dessication of these contents.

"If the disease were to continue, you would see no longer two or three round stains, but one sole stain, formed by the re-union of the three round stains.

"Herpes circinatus is principally developed on the neck and on the hands; it is a parasitic disease, determined by the evolution in the scales of the epidermis, of the *tricophyton*, a peculiar agent of several diseases, such as sycosis, herpes tonsurane, and herpes circinatus, which constitute three degrees of one and the same malady, produced by the presence of this one and identical mushroom.

"Herpes circinatus is cured when the parasite is destroyed; the first indication is to appease the acute inflammation of the outset by means of cataplasms of starch; and only then do we employ a parasiticide; which is, at one time, a mixture of sulphur, camphor, and lard, at another, a mixture of turbith mineral, or dento-sulphate of mercury with camphor and lard; mercurial ointment is also used; but I prefer the two first. If you notice any weakness in the health, you may give tonics, bitters, etc.

"Beside this case of herpes circinatus, we have, in No. 18, the third variety, which you are already acquainted with. This patient has, on the face, swelling and induration; the hairs have fallen off; you will see and will feel local indurations, which are the result of inflammation of the hair follicles, and an œdema caused by infiltration of the cellular tissue. The hairs have the following characters: They are slightly adherent, are easily pulled out, and at one point the epidermic sheath is whitish; an excellent diagnostic sign, for the mushroom is found on this part, and it is there that the spores of the fungus may be found. With this case of sycosis we see arising in the same patient herpes circinatus, as in No. 20.

"The first part of the treatment has been performed (epilation). The second consists in parasiticide lotions, such as those of corrosive sublimate, one gramme (15 grains) in 500 grammes (15 ounces) of water. This I make to soak into the interior of the hair follicles, after first of all pulling out many of the spores along with the hairs; besides, I employ parasiticide ointment in friction, which I have mentioned in the case of herpes circinatus.

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* *Aug. 6th.* Some three or four weeks after using the exploring needle, the sac-head again filled, and was giving uneasiness and pain; so I used a larger exploring needle, and drew off some three ounces, and immediately strapped the testicle as firmly as possible Some hardening and acute inflammation followed, and to my surprise, a *radical* cure had been established.

"Most generally, as it is a local disease, there is no internal treatment. The hairs grow again in from fifteen days to three weeks, and it is an error to suppose that there are permanent cavities; they always grow more luxuriantly than before. We must not forget that this disease is very tenacious, and that there remains always some spores, so that we are forced to epilate two or three times; the characters of the disease are less and less marked, and yet at length *nil*.

"In No. 35, we have a man who is the example of a disease of which I have already shown you examples; but it is only after seeing two or three cases of this disease, that we begin to recognize it well.

"This affection, which is characterized by papules covered by a little black crust, is called *prurigo*, a disease which is always secondary. Some very large papules are distributed a little over the whole body, but especially over the shoulders, where you see linear excoriations caused by the nails of the patient, on account of the atrocious itching caused, for, if I may thus express myself, that is the anatomical lesion of the itching. Thus spread abroad, prurigo is the result of the residence of a parasite, whether an acarus or louse, a diagnosis at which we arrive by an attentive examination.

"You know that the seats of predilection of the acarus are the inter-digital spaces, the anterior part of the body, etc., and that there exist characteristic furrows. Well, this patient has no eruption on the hands; and the eruption is less intense on the anterior than on the posterior surface of the body, I can, therefore, affirm that the cause of the disease is a louse. It is useless to go in search of the *corpus delicti*, this is enough; and besides, it is not always easy to find the parasite; in all cases we find it in the clothing, and not on the skin.

"This disease, which not only attacks the poorer classes, but also the richer classes of society, has, then, as diagnostic marks, great papules, linear excoriations, and itching so insupportable that patients are forced to scratch themselves; these scratchings produce a certain pleasant sensation and favor sleep.

"This patient has suffered from the disease three months, and contracted it in furnished lodgings, where the bed was occupied by an individual with the same complaint.

"For treatment, we employ fumigations, and powder his clothes and bed with powder of stavisagre.

"We must not forget the tenacity of these parasites; atmospheric conditions, the weak state of health of the patient, and sounds of any kind are causes of relapse.

"Here, gentlemen, is another parasitic affection, *itch*, in No. 27. This patient has been rubbed; but it is not of the powerful eruption that I desire to speak, but of the accessory eruption which is important for diagnosis; I would speak of the *ecthyma* on the arm, and of the *prurigo* on the back, for the acarus and pediculus often keep house together.

"The characters of this ecthyma are as follows: Rounded pustules, surrounded by a red areola, and presenting a small black central point with crusts. The ecthyma is situated generally on the buttocks and on the forearms; in our patient it is seated at the wrist, and only there; it is the pustule of variola, without any imbilication but a little black point, and the crusts are surrounded by a red circle. A pustular eruption at the wrist suffices for the diagnosis of itch.

"To combat these consecutive inflammations, we employ anti-phlogistics and baths. When there remain some acari, after friction has been used, we may require to rub two or three times."—*The Doctor.*

Abnormal Behavior of Albuminous Urine Under the Usual Tests. — Dr. Brown-Sequard (*Archives of Scientific and Practical Medicine*) points out a possible source of error in applying the usual tests for albumen in the urine. It is a well known fact that boiling alone is not always sufficient to cause coagulation of albumen, even when the reaction of the urine is decidedly acid. In such cases, however, the subsequent addition of nitric acid, with a renewed application of heat, will generally produce a precipitate. Dr. Brown-Sequard states that in several cases that have come under his observation, he has demonstrated the presence of albumen by adding nitric acid and then applying heat, but has failed to obtain a precipitate by heat alone, or by nitric acid (and heat) after the specimen had been once boiled. There must be, therefore, a modification of albumen, which, so far from being coagulated, actually loses its coagulability by boiling.

Excision of Superior Maxillary.— John P. Wall, M.D., of Tampa, Florida (*Atlanta Med. and Surg. Jour.*), records a case of excision of the superior maxillary bone, the patient being a female child of eight years. The chief interest of the case consisisted in the absence of any kind of pain, the rapidity of the growth without known cause, and the rarity of such a diseased condition of this bone in children.

A bequest of $54,575.11 was made to the Hartford Hospital, by the will of the late Chester Adams, of Hartford, Conn.

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, Sept. 1st, 1873.

EDITORIAL.

CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

SPECIAL MEETING, MONDAY EVENING, AUGUST 18TH, 1873.

The meeting was called to continue the discussion on Cholera. Dr. Owens in the chair.

Dr. Simons made the following verbal report: There had been ten deaths from cholera since the last meeting. The Cholera Hospital, situated near Burnside st., between 33d and 35th sts., was opened Tuesday, Aug. 12th. A number of patients had been received; and those taken there, if not too far advanced, did much better than if they had remained at home. The disinfectants used were carbolic acid, sulphate of iron, and chloride of lime. There were four cases in the hospital, and all but one were doing well. Two of the nurses were taken with the premonitory symptoms, but soon recovered. Little attention is paid by the people of that section to the circulars issued by the Board of Health; and when they call a physician, even in collapse, they say they have nothing but a diarrhœa. One-third of the inhabitants have left the infected region. In spite of all that could be said, the Germans would not destroy their feather beds on which cholera patients had died, and when they move away carry the beds and contagion with them. There had appeared to be no abatement in the endemic since the introduction of lake water into the district. Some families would persist in using the surface well water, wholly or in part, while others had been using only the hydrant lake water. The latter families, however, who had used only pure water, seemed to suffer equally with their neighbors.

Dr. Bert next made some remarks regarding the treatment pursued with cholera patients in the hospital at Hamburg, during his residence there. He called especial attention to the treatment by warm baths during the stage of collapse. Under that course of treatment, he claimed that the deaths averaged only 47 per cent. The warm bath, he stated, had also proved remarkably efficient in cases of pyæmia resulting from gunshot wounds.

The Secretary, Dr. Hyde, stated that a specimen of the cholera dejections had been submitted to Dr. I. N. Danforth for examination under the microscope, but that Dr. Danforth would not be able to present a report until the next meeting.

Dr. Wood had obtained some of the water from a filter well at No. 947 Burnside street, south of city limits. The well was ten feet below the surface, and contained surface water. The water was filtered through two layers of sand and one of charcoal. Upon applying the permanganate of potassa test, he found that the water contained 91.279 grs. of oxidizable organic matter to the gallon, which consisted mostly of broken down vegetable matter, as was demonstrated by microscopic examination.

Dr. C. G. Smith had seen no cases of cholera. He mentioned, however, a case of acute dysentery, which terminated fatally in thirty-six hours from the onset of the attack. Death resulted, apparently, from exhaustion, occasioned by the excessive hæmorrhage.

In reply to a question from Dr. Smith, Dr. Simons stated that a large proportion of the cases falling under his care did have more or less painless diarrhœa, for a variable time preceding the onset of the more violent symptoms. When prompt measures were at once taken, during this stage, there was no difficulty in controlling the disease.

On motion, two committees were appointed, consisting of five members each, the one to prepare as complete a history as possible of the origin and spread of this endemic,

prevailing in the southwest section of the city; and the other to report on the best treatment to be pursued in the different stages of cholera; after which the Society adjourned to the next regular meeting, Monday evening, August 25th.

There was a large attendance of members, as well as many visitors present, and much interest was manifested by all in the discussions.

Dr. J. R. Moore, of Stoughton, Wis., reports a case of sporadic cholera in his practice. The patient was taken with severe vomiting, purging and cramps, Aug. 2d, at 11 P.M., and died in collapse, Aug. 4th, at 9 P.M.

Correspondence.

Editors Medical Examiner:

Gentlemen: — On the basis of the German theory, or zymotic origin of choleraic disease, I would suggest the following formulæ, for administration as a prophylactic and remedy in the preliminary diarrhœas and vomitings present in attacks of that malady:

℞.—Sulphurous acid, (50 vols. gas—U. S. P.) ℥ ii.
Sulphite magnesia, ʒ ii.
Tinct. capsicum, ʒ iv.
Aquæ destill, ℥ ii.—Mix.

A teaspoonful, in three or four ounces of cold water, two or three times a day, as *preventive.*

℞.—Sulphurous acid, (50 vols. gas—U. S. P.) ℥ ii.
Sulphite magnesia, ʒ ii.
Sulph. morph. gr. ii.
Tinct. capsicum, ʒ iv.
Aquæ destill, ℥ ii.—Mix.

A teaspoonfull every half hour or hour, in the preliminary diarrhœa also diluted with a little cold water, as *remedy.*

The principle on which this prophylactic and treatment is based, is that of the extension to the human organism itself of the influence of agents that are well known to act as tonics to the lower forms of organic life —spores, fungi, vibriones, lacteria, etc., etc. In the "remedy" is found simply the addition of the sixteenth of a grain of morphia, which, in this dose, acts only as a *vaso-motor* stimulant, never as narcotic sedative. If you get somewhat lessened peristaltic movement, at the same time that the germs are destroyed in the digestive passages by the antzymotics, there can be no objection to the re-absorption of the effused serum; in fact, with the greatly diminished vascular tension, and diminished fluidity of the blood, *en masse*, it is a positive help to your patient. The magnesia may be counted on as a decidedly favoring elimination, in addition to its antizymotic effects. The tinct. capsicum will favor absorption by its stimulant action on the alimentary mucous membranes, while the sulphurous acid, in addition to its antizymotic effects, is a reliable styptic astringent. This mixture is well borne by the stomach; and it is believed by the writer that, in the presence of the choleraic epidemic constitution, an anti-germinative saturation may be maintained for long periods of time, without detriment to the healthful functionment of the economy. A fair test of its merits is invited by all interested in sanitary science.

I am, etc., yours truly,
THOS. BEVAN.

11 Harmon Court, Aug. 20, '73.

TINCTURE OF CALABAR BEAN.

Editors of Examiner:

To answer many inquiries as to the strength and method of preparing the tinct. of calabar bean, to which reference was made by me in a recent article upon meningitis, I beg you to insert the following extract from *The Pharmacist*, of Sept., 1872, kindly furnished by Mr. A. E. Ebert, chemist, corner 12th and State streets, Chicago, from whom a reliable article can always be had.

Respectfully yours,
J. H. HOLLISTER.

"Take of—

℞.—Calabar bean, in very fine powder, ℥ xvi.
Acetic acid, ℥ ss.
Strong alcohol.
Water of each, 9 O.

Mix the acid with three pints of water, pour this upon the powder, and set the mixture aside for a few days in a warm place; then add to it three pints of strong alcohol (95 per ct.) and macerate it for a few days longer. After this pour part of the mixture upon a muslin strainer; press the liquid out, and pack the residue of the strainer firmly into a cylindrical glass percolator, having a broad base; pour on to this foundation the rest of the mixture, together with the strained liquid, and then a mixture of equal parts of strong alcohol and water, until spirits percolate.

"This tincture conforms in the proportion of two troy ounces to one pint of the finished product, making it similar in this respect to the strength of most of the other tinctures."

Gleanings from Our Exchanges.

A New Method of Producing Local Anæsthesia.—Dr. Horvath, of Kieff, lately proposed in the *Centralblatt fur die Medicinischen Wissenschaften*, a new method of producing local anæsthesia. If the hand be immersed for a short time in ice water, severe pain is caused. But in experiments made in reducing the temperature of frogs by means of cold alcohol, Dr. Horvarth found that no such pain was produced when the hand was immersed in cold alcohol, not even when the temperature of the alcohol was as low as 5° C. Glycerine was found to possess a similar property. Ether caused pain, and quicksilver more acute pain still, causing the speedy withdrawal of the finger when plunged into this liquid at a temperature of 3°. It was next ascertained that, when the finger was held for quite a long while in alcohol having a temperature of 5° C., no pain was experienced. Moreover, although the faintest touch was distinctly perceived in his finger, no pain was experienced from sharp pricks. This seemed to show that the application of cold alcohol has the effect of depriving the part of the special sensibility to pain, without, however, impairing the delicacy of the general tactile sensation, which, as is well known, resides in the superficial integument. This apparent possibility of the artificial separation of these two nervous functions, viz., the tactile sensation and the sensation of pain, and the temporary suspension of the latter, seemed important in a physiological point of view, and also of no small practical utility in allaying certain forms of local pain, more especially that caused by burns, and surgical operations. Dr. Horvath had an opportunity of testing the value of this application to burns on his own person, as well as upon others, and not only was all pain instantly allayed, directly the part was immersed in alcohol, but it was found that the wound very speedily began to assume a more healthy appearance, the surrounding redness rapidly failing. These observations seem of considerable importance, and we commend them to surgeons, both in reference to burns and superficial operations. —*The Doctor.*

Method of Treating Functional Dyspepsia, Anæmia and Chlorosis.— Brown-Sequard has employed successfully a method which consists in giving at one time a small quantity only of liquid or solid food, and that at regular intervals, varying from ten to twenty minutes or half an hour. The articles which he recommends for this mode of dieting are roasted or broiled meats, eggs, well cooked bread, milk, with butter and cheese, and a very small quantity of vegetables and fruits. This mode of alimentation should be continued for two or three weeks, after which the patient may be allowed to return gradually to the usual mode of three meals daily. Dr. Brown-Sequard has not always succeeded with this mode of treating the conditions above named, but in no case has it produced aggravation of symptoms. He recommends its trial in the vomiting of pregnancy, having had several cases in which it succeeded.—*Bulletin de Therapeutique.*

Use of Ozocerite.—Ozocerite, or vegetable wax, or combustible earth, is a paraffine or hydrocarbon, found in Moravia, in Valachia, in Caucasus, near to the Caspian Sea, and can be used for making illuminating gas. In its raw state this substance is of a dirty green, of slight density and fibrous structure. Kneaded in the hands for a few moments, it assumes the appearance of ordinary wax. It can be moulded, and with a wick can easily be made into candles. For therapeutical uses, either the crude ozocerite or its yellow oil is used.

This substance has upon diseases of the skin an action resembling somewhat that of pitch, without being so harsh. It can be employed mixed with glycerine or with linseed oil. Used in the form of an inunction, it is specially useful in psoriasis; also in chronic cutaneous disorders, such, for example, as eczema, tinea tonsurans, and ringworm.—*Giornal Ital. del Malat. Ven. et del Pelle*, Apr.—*Medical Record.*

Syrup of the Bromide of Iron.— Take of bromine three troy ounces; iron (in the form of wire) 350 grains; distilled water, three fluid ounces; citrate of potash, six troy ounces, or q. s.; syrup, a sufficient quantity. Put the iron, with the distilled water, in a flask, and add of the bromine two troy ounces, in small portions at a time, allowing the mixture to cool, if necessary, before the addition of each fresh portion. When the odor of bromine has disappeared, warm the mixture gently, until it assumes a green color; filter and add the remainder of the bromine. Transfer the resulting solution of ferric bromide to a porcelain mortar, and add gradually, with constant trituration, citrate of potash, until the color of the mixture changes from brown to green; finally, add simple syrup to make up thirty fluid ounces. The syrup thus prepared corresponds nearly in strength with the syrup of the iodide of iron, and may be administered in doses of twenty to thirty drops. It is elegant in appearance, not disagreeable in taste, and is not incompatible with alkalies or with tannic acid.

Nature of Mumps. — Dr. Bouchut, in a note communicated to the Academy of Sciences by Claude Bernard, states that parotitis is simply a salivary retention due to catarrhal inflammation of the excreting canal of the parotid.

Book Reviews.

Insanity in Its Relations to Crime. A Text and Commentary by Wm. A. Hammond, M.D. New York: D. Appleton & Co. For sale by W. B. Keen & Cooke, Chicago.

In this little volume the author quotes, first, three famous French murder cases, the details translated from the *causes celebres*, and examines and criticises them in his usual close, thorough manner, in order to determine whether these crimes were justly attributable to mental disease. The conclusion arrived at is, that although two of the accused were pronounced sane on the trial, and one of them hanged, they were, in Dr. Hammond's opinion, all three insane.

In his commentary, he touches upon one point which is too often overlooked in dealing with such cases. It is the power of self-control in the insane. This is by no means absent, as the public generally, and many physicians, seem to believe. This false impression is dangerous, for the insane are well aware of it, and they know that it gives them an immunity from the severest penalties of the worst crimes. Dr. Hammond urges insane criminals should be punished, not for the sake of society, directly, but for the sake of conveying such an impression to the other insane that they will exercise that power of self-control which they have, and which they can use if they try to do so.

Pharmaceutical Lexicon. A Dictionary of Pharmaceutical Science, containing a concise explanation of the various subjects and terms of Pharmacy. By H. V. Sweringen. Philadelphia: Lindsay & Blakiston. For sale by Jansen, McClurg & Co., Chicago. Price, cloth, $6.00; leather, $7.00.

This is a volume of 576 pages, and is issued in good style and binding. It is, we believe, the first attempt that has been made to form a Pharmaceutical Dictionary, and like most attempts in a new field, it falls considerably short of what the author designed to make it. In spite, however, of numerous evident deficiencies and imperfections, the work will, we feel confident, be highly prized, both by pharmacists and physicians, as affording a new and ready means of gaining information upon many of the innumerable and varied topics of professional inquiry.

An Introduction to the Study of Clinical Medicine, being a Guide to the Investigation of Disease, for the use of Students. By Octavius Sturges, M.D., etc. Philadelphia: H. C. Lea. Chicago: Jansen, McClurg & Co.

In this manual the author assumes no more than to point out to students *a method* —not the only, or necessarily the best method, he says, of interrogating patients at the bedside. He proceeds on the idea that "it is less by the use of subtle arts and intricate instruments, than in the exercise of common observation, *directed by method*, that the phenomena of disease are revealed."

It is a volume of only 127 pages, and is therefore of necessity exceedingly brief and condensed. It is, nevertheless, calculated, we believe, to be of much assistance to the student or young practitioner.

Original Communications.

ASIATIC CHOLERA—ITS PATHOLOGY, TREATMENT, AND PROPHYLAXIS.

A PAPER READ BEFORE THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS, AUGUST 11TH, 1873, BY M. W. WOOD, M.D.

Mr. President, and Gentlemen:

In presenting for your consideration these remarks upon the subject of cholera, I must at the outset disclaim any pretension to originality.

The literature of the subject is very voluminous, and is of such variety as to confuse and to mystify the cursory reader. On no one question in the whole science of medicine are there so many seeming discrepancies—so many almost diametrically opposed theories—each claiming to be based upon observed facts. Even the same facts have received opposite and distinct interpretations; and theories based upon unsustained assertions, or unsupported save by analogies, have been accepted as laws, losing sight of the fact that analogies are not proofs. So that much time is necessary to compare these, to obtain from them the deductions essential to the proper understanding of the question.

I have, therefore, from such means as were at my command, prepared this paper as an exposition of the present authoritative views of the profession upon the subject. In this article there will of course be much to criticise—much that will not stand by the aid alone of any one of the standard (?) theories of cholera.

I will give the deductions obtained from all the facts which have been attainable by me; the statistics as far as given; opinions and facts as to the various plans of treatment; the main points accepted and proven in the pathology; concluding with some remarks upon the prophylaxis of the disease. The history, and the points of the differential diagnosis, have been so often and so fully given, that their repetition is needless. In passing the subject of the etiology of the disease, it may be stated that *among our best authorities there is perfect harmony in this:* that there is necessary the occurrence of a *specific* cause, which, acting in conjunction with certain local influences, produces the disease; and that these local influences determine the boundaries of the districts affected.

The specific cause—the exact nature of which is yet undetermined—is, as Niemeyer* says, "whatever its nature or origin," not indigenous. And he further says, that all the cholera epidemics are due to what he has been pleased to term "the exotic parasite."†

Dr. Geo. Johnson ‡ says, "the exact nature of the cholera poison, as of every other morbid poison, is unknown; but it certainly has a very close affinity with filth;" and it is a well-known fact that the disease occurs first, last, and with the greatest mortality, among the lower orders of the community. And the concurring causes—several of which are present in every epidemic—may be briefly stated to be: impure water, i. e., that contaminated by decomposing organic matter, improper food, privations, emanations from decomposing animal refuse, intemperance, mental or bodily fatigue, comparative lowness of situation, and last but by no means least, want of cleanliness.

It is believed that the disease is propagated principally by means of the dejections; that these dejections are not at first as poisonous, but that after they have been subjected to atmospheric influences for a longer or shorter time, or, in other words, have been suffered to decompose,§ "the poison germs are developed or vitalized;" and various experiments have been conducted, which have given results in favor of this, as those recorded by Watson,§§ where pieces of filtering paper, soaked in the cholera dejections which had been suffered to decompose, were fed to white mice, 88 per cent. of whom were affected by cholera; and of these 14 per cent. died, with the post mortem appearances of cholera in the human subject. So that when we read of the negative results of other experiments, as those that Hartshorne quotes,‖ where Dr. Foy and ten other enthusiasts, at Warsaw, inoculated themselves with the blood of cholera patients, and tasted their dejections, without receiving the disease, we are led to believe that the dejections were not sufficiently decomposed!

That more persons are attacked in the early morning than at any other time in the twenty-four hours, is easily enough explained,‖‖ when we recollect that the temperature of the human body is at that time lowest, and that the poison is necessarily most condensed in the lower strata of the atmosphere.

The intestinal discharges will next claim our attention, and the subject is one of considerable importance, as we shall see.¶ "One of the first things to arrest our attention is

* Pract. of Med., 8th ed., p. 643.

† Op. cit. ‡ Med. Times and Gaz., Feb. 3d, '72.
§ Sir R. Martin. §§ Pract. of Phys., p. 923.
‖ Chol., etc., Phil., 1866.
‖‖ Dr. Goodeve. Reynolds' Pract., art., "Cholera."
¶ Dr. Goodeve, op. cit.

the striking difference between the amount of the cholera evacuations and those of sporadic cholera, cholerine, choleraic diarrhœa, or cholera morbus, all of them diseases likely to be confounded by the superficial observer. The amount is frequently 80 to 100 or 150 oz. during the evacuation stage." After the feculent portions, that is, the contents of the large intestine, have passed, they are without smell. Their composition has been carefully studied, chemically and microscopically. Dr. Goodeve says* "the cholera stool separates, upon standing, into a thin fluid portion and a small but variable amount of sediment. The sediment consists of granular matter—small bodies like nuclei—granular cells, some resembling pus cells, and some squamous epithelium. The fluid portion is of specific gravity 1005 to 1010—seldom above 1012; it is faintly alkaline or neutral in reaction; contains but little albumen, and consists chiefly of the water of the blood, with saline matter."

Beale says,† "The stools of cholera patients are remarkable for the large quantity of cylindrical epithelium which they contain."

Frey, in his late work on "The Microscope,"‡ says: "We mention, finally, the cholera stools. The rice-water-like dejections in this disease contain very large numbers of mucous corpuscles; but on the contrary, only very little cylindrical epithelium."

In the last report of the British Army Medical Department, in the paper by Dr. Parkes, on Hygiene, there is a report by Dr. Douglass Cunningham, of Calcutta, on Pettenkoffer's theory, and the microscopic character of cholera discharges, being the result of the microscopic examination of one hundred cholera evacuations.§ "In only four of these was unmistakable epithelium to be found, and in only *one* was it abundant. Red blood cells were present in fourteen cases, infusoria (exclusive of bacteria) in sixty-six, in the form of cercomonads, peculiar monadiform bodies, and distinct amæbæ; these are fully described and figured. With respect to the amæbæ, it is pointed out how difficult it is to draw the line between them and the human cells with amæboid movements like the white blood cells. In the cholera stools they move and increase by division; and when in rows often resemble Hallier's macroconidial chains. *They* are soon destroyed in the stools. On no occasion has any transition from the monadiform bodies into amæbæ been noted. The bacteria and vibriones, and the micrococcus and leptothrix of Hallier are carefully described; in fresh evacuations they have been found in a minimum of development. Recognizable fungi were only found in three of the one hundred evacuations. The most careful cultivation did not produce the cholera series of Hallier. Aspergillus was most commonly produced; penicillium was also seen, but less frequent than aspergillus. The following are the conclusions as to fungi: 1. Distinct fungal elements are not common in, nor characteristic of, cholera evacuations. 2. There is no special tendency to the special development of such elements, or their results, in choleraic, as compared with other decomposing materials. 3. There is no special form of fungus peculiar to choleraic materials. 4. The forms of fungi which appear as the result of the cultivation of choleraic material, with or without the addition of other media, are those which are commonest in other decomposing organic substances at the same season, and under similar circumstances.

"After considering the fungi, Dr. Cunningham passes on to a very careful description of 'Oval and Circular Cells,' which, with a gelatinous or molecular basis really constitute the bulk of the white flocculent deposit of most choleraic evacuations. These cells occurred in eighty-seven of the one hundred evacuations, and in a majority of instances formed the most characteristic features of the sediment.§§ Such are the microscopic examinations of cholera dejecta by Dr. Cunningham, and they are in excellent accord with the observations of his colleague, Dr. Lewis; and if they retain their health, and are permitted to continue their researches, the 'oval and circular cells' will form the subject of renewed investigation by both observers, and eventually much of the mystery of cholera may be cleared up."

In the consideration of the post mortem appearances, I shall only give those upon which all of the careful observers of numbers of cases agree, leaving the occasionally noted lesions entirely out of the question. The blood is thick, black (or very dark), and viscid, or treacly, as it has been termed, and from which no serum will separate on standing. This dark blood, however, brightens on exposure to the air, or to the contents of the small intestine.‖‖ The capillaries of the surface of the body are empty, the blood being chiefly found in the viscera, and notably on the arterial side of the pulmonary circulation. The left side of the heart is empty, or nearly so; at most containing but little black blood, and a few coagula. The skin is wrinkled and

* Op. cit. † Microscope in Med., p. 285.
‡ The Microscope, and Micros. Technology, p. 453.
§ Brit. Army Med. Rep., 1870.
§§ Ibid. ‖‖ Niemeyer, Practice of Med.

blanched*, and when pinched up, it stands in folds. The eyes are shrunken, nose pointed, and cheeks hollow, as after great emaciation. In the stomach there are no constant changes. Generally, however, the mucous membrane is edæmatous; and, as elsewhere throughout the chylopoietic viscera, there is what Niemeyer terms "excessive venous hyperæmia.** The liver has, as its most constant change,† aside from this venous congestion, that it is small, friable,†† and is easily separable from its serous envelope, which is sometimes wrinkled like the skin. The kidneys present about the same changes as the liver. Spleen congested; lungs remarkably dry,††† and free from hypostasis and œdema. The cerebral veins and sinuses are distended, but the substance of the brain dry and hard. The bladder is empty and strongly contracted.

We now come to *the constant lesion;* and I will give a few authorities, using their language. Dr. B. J. D. Irwin,‡ Surgeon U. S. Army, gives as the result of several autopsies during the last epidemic:‡‡ "The mucous membrane at the upper part of the small intestine was blanched, the lower part congested, with erosion of the mucous surface in patches, the intestine near the ileo-cœcal valve intensely inflamed."

Niemeyer‡‡‡ says: "The mucous membrane and the whole intestinal wall are swollen and relaxed; that of the small intestine being finely injected, especially near the valve, and growing less so as we pass upward; the large intestine does not show any constant changes, and the jejunum is variably, if at all, affected."

Dr. J. B. Brown, Surgeon U. S. Army, says:§ "The invariable lesion appearing to be active inflammation and swelling of the solitary and agminated glands of the ileum, with great injection of the points of the solitary glands."

Prof. Stille,§§ in his recently published lecture on "Epidemic Cholera," says: "The important appearance in the intestine being the great loss of epithelium, which is either entirely removed, or detached, adhering loosely."

Niemeyer, §§§ also makes allusion to the paresis of the heart as constituting one of the terrible symptoms of cholera asphyxia: "It only depends on the intensity, and particularly on the extent, of the denudation of the intestinal mucous membrane, whether symptoms of paralysis of the heart shall develop, and whether the loss of water from the blood shall prove dangerous."

Thus it will be seen that the real trouble is two-fold: *Hæmatic and Neurotic.* Hæmatic, in that peculiar disorganizing changes undoubtedly take place in the blood. Neurotic, in that there is an especial disturbance in the innervation of the gastro-intestinal mucous membrane. This disturbance, however, differing in character and degree in the part supplied by that beautiful network of arched branches, the *vaso intestini tenuis,* and to which is distributed a large branch of the superior mesenteric plexus, from the other parts to which are distributed the remainder of the great solar plexus.

In what does this disturbance consist? In experiments recorded in the American edition of Ranking's Abstract,‖ it was shown that extirpation of the cœliac plexus produced hyperæmia of the intestinal mucous membrane; and in the IVth Vol. of "Flint's Physiology,"‖‖ we find: "Since the publication of our volume on secretion (Vol. III.), Dr. Moreau has published a series of observations upon the secretion of liquid in the intestinal canal, which are peculiarly interesting in their bearing upon the sudden occurrence of watery diarrhœa. In these experiments the abdomen was opened in a fasting animal, and three loops of intestine, each from four to eight inches long, were isolated by two ligatures. *All* of the nerves passing to the middle loop were divided, taking care to avoid the blood-vessels; the intestine was then replaced, and the wound in the abdomen was closed with sutures. The next day the animal was killed; the two loops, with the nerves intact, were found empty, as is normal in fasting animals, and the mucous membrane was dry; but the loop with the nerves divided was found filled with a clear alkaline liquid, colorless or slightly opaline, which precipitated flocculi of organic matter on boiling."

If, now, in cholera, the vaso-motors are paralyzed by the influence of the poison in the blood, how plain the whole series of manifestations becomes! The dilated capillaries, enlarging the stomata, permit the escape of the more fluid portion of the blood. And that they are dilated we have the evidence of Beale,‖‖‖ who says: "They are distended to three or four times their ordinary diameter, so that the smallest vessels are injected very easily, and a very rapid transudation of fluid through the capillary walls can easily be made to take place after death." What must necessarily result? The spissitude of the

* Niemeyer, op. cit. ** Op. cit., p. 728.
† Dr. Brewer. Cholera Circular; Circ. No. 1, Surg. Gen'l's Office, 1868.
†† Dr. B. J. D. Irwin, Chol. Circ.
††† Niemeyer, op. cit. ‡ Chol. Circ., op. cit.
‡‡ That of 1867. ‡‡‡ Op. cit. § Chol. Circ., op. cit.
§§ Med. Times, July 12th, '73. §§§ Op. cit.
‖ No. 26, p. 288. ‖‖ p. 434.
‖‖‖ Peters, op. cit., p. 184.

blood being increased, it no longer circulates as rapidly as formerly, but sluggishly and with difficulty.

That the stagnation must necessarily result from the transudation is evident, as the blood corpuscles cannot pass through the capillaries except when separated by the serum. That the respiratory function is imperfectly performed is evinced by the lessened expiration of carbonic acid. The *oxygen carriers* now no longer performing their functions properly, the blood becomes black, does not change from venous to arterial, hence the decrease of temperature, and as well the non-action of the secernent glands. Sir Wm. Gull,* in 1854, in speaking of the pathology of cholera, used this expression: "*The depression of capillary power*, the extreme exhaustion of the *great ganglionic nerve centers of the abdomen*, are peculiar to cholera, and give it an individuality."

That the cerebro-spinal nervous system also participates in the production of the symptoms, is the evidence of many careful observers.

Dr. W. H. Lyne, of Livonia, Louisiana, in a communication to the New Orleans *Medical and Surgical Journal*,** states that having noticed tenderness upon pressure over the spinal column in a case of cholera, he had subsequently seen about one hundred cases, of which only one was without this symptom.

Dr. H. M. Kirke, Act. Ass't Surg. U. S. Army,† who will be quoted further on, has given some interest to an opinion that the spinal cord is implicated. On these, as facts, are based theories of treatment, as Chapman's Ice-bags, and two others to be noted.

Spasms of voluntary muscles are everywhere noticed as symptoms; and not due to non-oxidation alone, as they occur before the circulation is much interfered with. The range of the plans of treatment proposed seems very extensive; but with few exceptions (notably Johnson's), they are based upon the one idea of arresting the discharges, and are generally prefaced with a confession that our art is powerless, and that anything giving a promise is justifiable.

The results of the faithfully-carried-out plans have shown that *many of them were powerless* in influencing the mortality favorably.

I will give you some opinions, as to treatment, from different authorities. All have a bearing.

Johnson himself says,†† speaking of the diarrhœa which ushers in the disease, "The best treatment for the diarrhœa is that which most speedily arrests it without subsequent ill effects."

Prof. Flint, sr.,‡ says, "Prior to collapse the paramount object is the arrest of the intestinal effusion."

Prof. Stille‡‡ says, "The stage of diarrhœa is the only stage of the disease in which treatment makes a sensible impression upon the mortality."

Dr. Goodeve§ says, "The discharges should be checked, if possible. I believe the great object of treatment is to restrain the passage of the exudation from the blood into the intestine; and the remedies used for this check the vomiting and purging; and this checking, together with the pulse, indicates the amount of interference of the treatment with the disease." And after laying down a plan of treatment, says: "If these medicines check the discharges, all danger will probably be over in a few hours."

Sir Thomas Watson‖ says: "I venture to advise you — supposing the disease should appear, or whenever in the autumn a suspicion arises that cholera is present in the community — not to try, in cases of diarrhœa, to carry off the presumed offending matter, but to quiet the irritation and stop the flux as soon as you can."

As our time is too short to discuss the merits of all of the various plans of treatment, I shall take up only the most prominent.

Johnson's treatment is so familiar that it may be passed over without comment, save this, it has been, according to statistics, *eminently unsuccessful.*

Dr. Grove's treatment, lead and opium in pill, may be dismissed as unimportant.

Dr. Ayers' opium and calomel, in minute doses and often, is also unimportant in this connection.

Dr. Stevens' salines, and Dr. Macintosh's saline injections, have failed as well to influence favorably the mortality.

The prominent modes of treatment which have succeeded best are those by calomel, alone or combined; by morphia, hypodermically; by strychnia; and by sulphuric acid, and the sulphates of the metals iron and copper.

The literature of the calomel treatment is quite extensive. It has many friends high in authority. But many of those who use it, do so, as Macpherson‖‖ says, "without any par-

* Lancet, June, 1854.
** Vol. 12, p. 24. from Wood's Pract. of Med.
† Chol. Circ., op. cit. †† Med. T. & Gaz., '72, p. 127.
‡ Flint's Pract., art. "Cholera." ‡‡ Op. cit.
§ Reynolds' Pract. of Med.
‖ Watson's Pract., p. 920.
‖‖ Peters' op. cit., p. 142.

ticular reason, but regard it as the whist player's trumps, to be played when in doubt." I will give a little of the evidence of those who have used it.

Dr. T. H. Turner, Ass't Surg. U. S. Army,* in a report upon Cholera, says: "In connection with the treatment, I need only say that many remedies of reputed efficacy have been tried; but I have nothing to say in their favor. Mercurials are the only remedies from which I have learned to expect much, and to them I have resorted early and late in the disease."

Dr. H. M. M. Meadows,† in a paper in the *Lancet* on the use of calomel in large doses, says: "I have treated this year 113 cases of cholera, and have lost only six, and four of those by consecutive fever."

Dr. J. F. Randolph, Surg. U. S. Army,†† says of calomel: "It seems to relieve cramps and vomiting sooner and more effectually than anything else tried; and no unpleasant effects were observed from the peculiar action of the drug."

Dr. J. B. Downey, Act. Ass't Surg. U. S. Army,‡ writes: "The stimulant plan of treatment was a failure; of a number of cases that were attacked, but which did not result in death, it seemed that if the secretions could be unlocked by the influence of mercurials, the discharges were controlled."

Dr. J. B. Brown, Surg. U. S. Army,‡‡ who has had experience in at least two cholera epidemics, writes thus of the epidemic of 1867:§ "The treatment followed has been the same as that reported last year; and our additional experience seems to confirm the superior efficacy of the large doses of uncombined calomel over the reported results of the other modes of treatment recognized or recommended.

"I can give no satisfactory explanation of the action of the large doses of calomel in relieving cholera. Perhaps as plausible a theory as any, is one which I have for some time entertained: that the calomel, from the absence of acid in the stomach in cholera, passes nearly unchanged into the intestinal canal, and acts locally and mechanically as a remedial agent upon its mucous surface, denuded as it is of epithelium.

"It is a well known fact that dry calomel applied to a chafed or abraded surface externally, will stop the exudation of serum, and promote cicatrization more rapidly than any other known dressing."

These instances are sufficient to show that calomel is held in high regard at present in cholera.

Dr. Lyne,§§ in paper already quoted on spinal tenderness, writes this of his 100 subsequent cases: "They *all* recovered, under a treatment consisting mainly of cupping over the spine, with the subsequent application of sinapisms."

Dr. John Patterson,‖ in an article on the treatment by subcutaneous injection of morphia, writes: "A recent severe epidemic in this city (Constantinople) has given me an opportunity of trying the effect of subcutaneous injection of morphia, on a sufficiently large scale to judge of its value. The first cases were treated with the usual remedies, and with the usual want of success. Completely disheartened at the inutility of the treatment, I determined to try morphia subcutaneously. A most unpromising case was selected. The man, previously suffering from inflammation of the liver, was in deep collapse, pulseless, with rice-water purging, severe vomiting and cramps. I injected ¼ gr. morphia acetas. The result was beyond our expectations. In a quarter of an hour the cramps and vomiting ceased; the patient fell asleep; the skin gradually became warm and moist, and the pulse returned. In two hours he awoke, and said he felt much better. The injection was repeated. He again slept for three hours. The reaction was perfect. The same good results followed in almost every case in which it was tried. In ordinary cases, one or two injections of ¼ to ½ gr. sufficed. In a few cases, three injections were given; and only twice had I occasion to give four. I do not, of course, maintain that the treatment is a specific against cholera. I only claim for it that its action is more decided than any other treatment I have ever seen or practiced."

Dr. H. M. Kirke, Act. Ass't Surg. U. S. Army,‖‖ writes: "My belief that the extreme prostration, nervous in its character, which always accompanies a violent invasion of the disease, indicated that its force was expended almost altogether upon the spinal cord, suggested to me the use of strychnia, as a powerful and certain excitant of the nervous systems, combined, in the first instance, with an aqueous solution of capsicum,

* Chol. Circ., p. 155.
† Lancet, Dec., 1854.
†† Chol. Circ., p. 66.
‡ Chol Circ., p. 22.
‡‡ Chol. Circ., p. 62.
§ Ft. Columbus, N. Y. Harbor.
§§ New Orleans Med. and Surg. Jour.
‖ Med. Times and Gaz., 1-27-72.
‖‖ Chol. Circ., p. 40.

to stimulate the stomach and promote the rapid absorption of the strychnia, as—

℞.—Sol. capsici., f. ʒ iv.
Strychnia, gr. $\frac{1}{10}$.
Fl. sol. haust.

Repeat the strychnia in 15 minutes.

"In all the four cases in which this treatment was adopted the improvement was so immediate and marked, that in a few minutes after the second dose the patient fell into a calm sleep, the cramps being *perfectly*, and the other symptoms very much relieved. The treatment afterward was expectant, and all recovered. In all cases the usual symptoms of cholera were present."

Another remedy, which has done much, and promises much, in cholera, is sulphuric acid. Dr. Macnamara,* in his work on Asiatic Cholera, recommends the use of dilute sulphuric acid, in doses of 15 ℥, in the second stage.

The celebrated "Austrian Specific" for cholera was composed of sulphuric and nitric acid.

The "British Army Cholera Mixture,"—

℞.—Ol. anisi.
Ol. cajuputi.
Ol. juniperis, aa. f. ʒ ss.
Ether. sulphurici, f. ℥ ss.
Liq. Ac. halleri, f. ʒ ss.
Tinct. cinnam., f. ℥ ij.—M.

which contains as its active ingredient sulphuric acid, is ordered to be kept in store by all the medical officers in India.

Dr. Peters,† in his admirable monograph upon Cholera, says: "Sulphuric acid stops diarrhœa, and relieves pain; it is suited to atonic and pale serous diarrhœa in every stage, and often acts like a charm."

Sulphuric acid forms the active ingredient of all the secret cholera medicines that have been known to be efficacious in the treatment of the early stages of cholera. It has been recommended ‡ by Dr. Cox, Mr. Buxton, and Dr. Fuller, of England; and Dr. Jules Wouves reports 288 cases treated in 1865.

Dr. J. G. Sproston,§ in the *Lancet*, says: "During the month of September I have prescribed for 150 cases, and have not had one fatal case. The plan I adopt is simple. To an adult I give an 8 oz. mixture, composed as follows:

℞.—Ac. sulph. dil., f. ʒ ij.
Syr. papaver., f. ℥ iij., simply to color it.
Liq. ammon. acet., f. ℥ ij.
Aq. menth. pip., f. ℥ ijss.—M.
Sig. f ℥ i. after every loose motion.

And very rarely had I to give a second bottle of medicine."

Thus ends the treatment of cholera.

The statistics are mainly those reported to the Treatment Committee of the Medical Council of the Board of Health for Great Britain, and refer to the epidemic of 1854, in which the deaths in England and Wales were 20,000, and in London alone 10,000.

Taking all grades of the disease, the deaths were: §§

Of those treated with eliminants,		$71\frac{07}{100}$	per ct.
" " "	" stimulants,	54	"
" " "	" calo. & opium,	$36\frac{20}{100}$	"
" " "	" chalk "	$20\frac{30}{100}$	"

The mortality, as far as I have been able to learn, of the treatment by injections into the veins, has been $83\frac{98}{100}$ per cent.

The mortality of the cases occurring in the United States army,‖ during the epidemic of 1866, was $45\frac{07}{100}$; and during the year 1867 it was $46\frac{50}{100}$.

The mortality in 1867, among those treated by Dr. Brown's method, in his own practice, was $51\frac{43}{100}$.

Strange as it may appear, and probable as it is that such have occurred, I have not been able to find a record of a single death from cholera, when treated by sulphuric acid; and I hope yet to show that it has superior claims to our consideration as the most promising treatment.

As conservators of the public health, the medical profession cannot but be concerned in the abatement or prevention of every cause of disease.

Much time has been spent upon, and much written upon, the subject of prophylaxis of cholera. Excellent hygienic regulations have been devised, and are familiar to all. But prophylaxis means something more than observance of the principles of hygiene. Many remedies have been proposed as preventives of the disease; but one of them, however, carries any weight of evidence in its favor; that one is sulphuric acid.

Some years since, in England, a large number of people were protected by this agent during an epidemic. But I have been unable to find an authentic account of it.

Dr. Curtin,‖‖ (Res. Ph. at Insane Dep't Phil. Hos., where the disease occurred in a virulent form) in his late paper on this agent as prophylactic in cholera, in mentioning this circumstance, says: "I was induced to try sulphuric acid by my friend Dr. James F. Wilson. Dr. Wilson had read an article in a British *newspaper*, in which the writer stated that the workmen and their families connect-

* Med. Times, July 12th, '73.
† Cholera, etc., Peters, 1867.
‡ Hartshorne, op. cit.
§ Lancet, Jan., 1854; com'n dated Oct., 1853.
§§ Hartshorne, op. cit. ‖ Chol. Circ.
‖‖ Med. Times, July 12th, '73.

ed with a large factory, had been treated with sulphuric acid as a prophylactic, during an epidemic of cholera; and the result was that not one man, or any of their families, were attacked with diarrhœa, while around them death took its own course. I caught, as a drowning man, at this straw, for everything else had been tried, and yet the disease continued its ravages. What followed the administration of the acid can best be shown by notes taken at the time.

"Prior to August 20th, 1866, there had occurred 17 cases.

"August	20th,	4	new cases.	
"	21st,	4	" "	
"	22d,	4	" "	
"	23d,	2	" "	
"	24th,	5	" "	
"	25th,	1	" case.	Acid given for the first time, in the afternoon.
"	26th,	4	" cases	Within 12 hours after first administration of the acid.
"	27th,	no	" case.	
"	28th,	1	" "	A woman, who would not take the acid.
"	29th,	no	" "	
"	30th,	"	" "	
"	31st,	"	" "	Acid discontinued.
September	1st,	"	" "	
"	2d,	2	" "	Two days after suspension of the acid.
"	3d,	Acid resumed, and continued for some time.		

"No new cases occurred, though cases continued to arrive from the city until the first of November. Dr. Wilson gave it to the patients in the Surgical wards during the epidemic; and he informs me that *the cholera visited every department of the Almshouse and Hospital, except the Surgical wards.*" Was it the sulphuric acid which prevented the disease? Dr. Curtin thinks so, for the following reasons:

"'1st. *The prompt disappearance of the disease within twelve hours of the time when the acid was first administered.** The only case arising during its use being an insane woman, who refused to receive it. The acid was stopped on the 31st of August, and two days afterwards two cases occurred. After its resumption, no new cases occurred.

"'2d. *The fatality attending the disease.*—When an epidemic declines from natural causes, it generally becomes less fatal. Of the four patients attacked on the 26th of August, three died, one of them in five hours and one in nine hours after the first symptom.' And the average duration of fatal cases is a fraction over two days.† The two cases on the 2d of September both died, thus showing that the type was none the less fatal."

* Op. cit.

† Registrar Gen'l, Eng., 2 .22½-100ths.

Peters †† also says: "MacCormac put a stop to an epidemic in the Belfast Asylum, by administering a daily dose of f. ʒ j. ac. sulphur. dil. in f. ℥ j. aq. menth. pip.; and no subsequent cases occurred."

Dr. E. A. Sansom, in the *Med. Press and Circular*,‡ in an article on the Anti-zymotic Properties of Sulphurous Acid, says: "The researches of Chauveau have shown that sulphuric acid is prophylactic and curative in cholera, by means of its anti-zymotic properties."

Dr. Bury,‡‡ in the *Lancet*, states that in the last epidemic of cholera in Paris, where the population was decimated, he made careful and personal investigations, and found that of 32,000 workers in copper, brass and bronze, but 16 died, a mortality of $\frac{1}{20}$ per cent., or five in every 10,000; while the wives and families of these workers suffered as others. And the city of Rio Tinto, § surrounded by copper mines, has never been visited by cholera. So, too, workers in gas works are not very liable to the disease; nor those living in the immediate vicinity. But the atmosphere of these places, as of the copper smelting works, is strongly impregnated with sulphur.

And sulphur, as such, has received strong testimonials as a prophylactic. "Dr. Blacklock,§§ of the Madras British army, proposed it as a curative and prophylactic."

And Dr. J. Grove, ‖ after extensive experience, believes "that a fair and judicious use of this remedy will give results as certain as any within the domain of medicine."

Sulphuric acid acts locally as an astringent; it is also a tonic; and those conditions of the system which most favor an attack of cholera seem to call for just such a remedy.

It is also diuretic. And we know how much need there is always in cholera for a diuretic; but that the time cannot be appropriated by them.

Headland ‖‖ says: "It acts chemically, as an acid, in the blood, and in the secretions. When diluted it is easily absorbed; and meeting in the stomach with an acid or neutral secretion, it passes into the circulation without being neutralized. In small quantity, it is neutralized by the small amount of alkali in the blood. If in large quantity, it may exceed this, displacing and setting free other acids in the blood, and combining with their bases. In all cases it increases the quantity of free acid in the system, and renders the secretions, as the urine, more acid than they

†† Op. cit.

‡ Feb., 1869. In Braithwaite for July, 1869.

‡‡ Lancet, Jan., 1854. Med. T., Phila., Curtin's art.

§ Curtin, op. cit. §§ Waring, Therap.

‖ Waring, op. cit. ‖‖ Action of Meds., 352–3.

were before. It is also an astringent, coagulating albumen, and causing contraction of muscular fibre. Though neutralized and combined in the blood, it is free before absorption and after secretion. Before absorption it acts upon the surface of the mucous membrane of the stomach as an astringent, and, after excretion, upon the surface of the mucous membrane of the intestine.

"As it does not pass off by the urine, and is known to act as an astringent in diarrhœa, it must seek this outlet, and, constringing the muscular fibre of the intestinal glands, check their secretion."

Dr. Curtin* says: "That if the acid is administered for a long time continuously, it may give rise to symptoms of intestinal irritation." But though he gave it to the lunatics uninterruptedly for several weeks, no ill effects were observed."

And it is a fact about this acid that its administration may be continued without ill effects for a longer time than any other of the mineral acids, save one.

Slowing of the Pulse after Labor.—The retarded pulse which follows parturition has been remarked by McClintock, Blot and Marey, and more recently by Prof. Emilio Falaschi, of Sienna, who contributes to *Lo Sperimentale*, of March, the results of one hundred and eight observations in the hospital of that city, in which he has paid special attention to the age of the patient, her state — whether primiparous or multiparous, the presentation of the fœtus, duration of labor, etc., etc.

He determines that retardation of the pulse is met with in a sensible and persistent degree in only about the fourth of those recently delivered. The number of pulsations varies in each case from 44 to 52; in one case becoming as low as 38.

This slowing, with certain exceptions, shows itself nearly always within eighteen to thirty hours after accouchement, and ceases ordinarily at the fifth or sixth day from the same time. The age of the woman seems to exert a certain influence, the pulse remaining quicker in the young than in those who have passed thirty-five years. Primipara manifest this symptom more frequently than multipara. Neither the season, hour of the day or night, duration of labor, nor presentation and position of the fœtus have any influence in modifying it.

Slowing of the pulse takes place not only after simple labor, but also after the birth of twins; not only after labor at term, but also —according to a few observations—after premature labor at the fourth and sixth months, and abortion before the fourth month. The phenomenon followed, as well, expulsion of fœtuses which had died four or five days previous to birth; but in these cases Sig. Falaschi has never observed it to occur previous to the birth. Whenever accouchement is complicated with considerable hæmorrhage the retardation of the pulse fails to take place, or lasts for so short a period as not to deserve mention.

The labor pains have no influence upon the number of pulsations, at least not when they are not very intense; and the lacteal secretion is also without effect if the slowing of the beats has preceded its establishment. If, however, it is devoloped before this phenomenon occurs, the latter is prevented.

Whenever it is well marked, and when it persists for several hours, it is to be taken as a very favorable sign.—*Medical Record.*

Chronic Tetanus Treated by Excision of Cicatrix.—Mr. Annandale gives a short account of the following case: A boy, aged sixteen wounded his foot. On the ninth day afterwards trismus came on; and he came into hospital on the sixteenth day after the wound, on the seventh of the trismus. There was no laryngeal symptom nor opisthotonos. The patient swallowed well; his bowels were freely opened by croton oil, and for three days he was kept under the influence of small doses of morphia. For two days more he had ninety grains of chloral daily. On the twelfth day of the tetanus, slight contraction of the muscles of the limb began. On the next day, the cicatrix and a piece of nerve which appeared congested were cut out, and all medical treatment stopped. There was no improvement for two days; but on the third day, or sixteenth of the disease, he began to improve, and went out soon, quite well.—*Brit. Med. Jour.*, July 26, '73.

Belladonna in Intestinal Invagination and Hernia.—M. Gallicie (*La France Medicale*), in a paper on belladonna, says it is the special medicament for intestinal invagination, strangulated or not, as also for strangulated hernia. It acts on both the spasmodic and inflammatory elements. In both cases, however applied, its first effect is to alleviate the intensity of pain, and to diminish and arrest the vomiting.

One profession (says *Punch*) is safe from the invasion of woman. She may enter the army, but it is impossible that she can man the navy.

*Op. cit.

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, Sept. 15th, 1873.

EDITORIAL.

CHICAGO MEDICAL COLLEGE.

The next regular College term in this institution will commence on Monday evening, October 6th, with an introductory lecture by N. S. Davis, M.D., Dean of the Faculty. The lecture will be in the College hall, corner of Prairie avenue and Twenty-sixth street, commencing at 7½ P.M. The coming term in the Chicago Medical College will open with a more complete and extended curriculum of instruction than any other medical school in this country. In addition to the three full didactic series, arranged to suit the progress of the student, and supplied with every needed means of illustration, the laboratories for individual study of practical chemistry and microscopy will be ample for the accommodation of all who may wish to enter them; while the Mercy Hospital and Free Dispensary will afford one general clinic daily, and six special clinics to small classes in as many different departments, embracing Gynecology, Ophthalmology and Otology, minor Surgery, Diseases of the Respiratory and Circulatory Organs, Cutaneous Diseases, and ordinary medical cases. The whole is reduced to a perfect system, and secures to the student, as a part of his regular course, those *special courses* of instruction which he cannot get in the Schools and Hospitals located either in the Eastern cities of our country or in those of Europe, without paying *extra fees* for the same.

THE MEDICAL REGISTER AND DIRECTORY OF THE U. S.—If any of our readers have not answered the circulars sent them by Dr. S. W. Butler, asking for information needed to facilitate the correctness and speedy issuing of said Register and Directory, they had better do so without delay. The work is one of much importance, and every facility should be afforded the publisher to make it accurate in its details.

CHOLERA.—There has been no general prevalence of cholera in our city during the present summer. A few cases have occurred, chiefly on the extreme southern border of the city. The general mortality from all diseases ranges a little below that which occurred during the corresponding weeks of 1872.

HYPODERMIC USE OF BELLADONNA AND ATROPIA IN CHOLERA.

EDITORS MED. EXAMINER: *Dear Sirs*—I take the liberty of addressing you this note, for the purpose of inquiring whether you have had any experience in the hypodermic use of belladonna or atropia in the treatment of cholera morbus, cholera infantum, or Asiatic cholera; also, to detail briefly the history of a few cases, illustrating my experience with these remedies as above indicated.

July 25th, was called to visit Mrs. E., a German lady, 55 years old, who I found suffering from a severe attack of cholera morbus. Retching, vomiting and purging almost continuously, with severe cramps in legs and feet; in fact, was in incipient collapse: extremities cold and blue; pulse feeble and thready. I at once injected, hypodermically, one-fourth gr. acet. morph. over the stomach, and soon after five drops of the fluid ext. belladonna, in same manner, over the upper part of the spine. Vomiting, purging and cramps ceased immediately. For six hours no other medicines were given. Reaction was perfect within two hours. At the end of six hours purging manifested a disposition to return. I administered three drops of the belladonna as before, and following this recovery was rapid and complete.

July 30th, was called to see a child of Mr. S., two years old. Found it sick of cholera infantum; vomiting and purging almost constantly; eyes shrunken and glassy; body bathed in a cold perspiration; extremities cold and becoming dark; in short, it was a case that appeared hopeless. I at once injected over the upper part of the spine three drops of the fluid ext. belladonna, and waited the result. There was no more vomiting or purging; the pulse became fuller; the extreme restlessness ceased; and in half an hour the child was in a glow of heat from head to toes. Recovery was rapid and complete, without other medication.

Aug. 2d, was called to meet Mrs. S., a lady 35 years old, in consultation with Dr. Galt. I found her in what at that time seemed to be a hopelessly collapsed condition. Had been sick about 36 hours, and had manifested all the characteristic symptoms of Asiatic cholera. She had been in a collapsed condition for several hours; pulse at the wrist imperceptible; the extremities, of course, cold and blue, as usual in those cases. All the ordinary remedies had been given. The most powerful diffusible stimulants, such as camphor, ammonia, and sulph. ether, made no impression. I had related to Dr. Galt my experience with belladonna. We concluded it would be an excellent case in which to test its virtues. We secured a solution of atropia, of the strength of one gr. to an half oz. of water. Of this, we injected over the lower part of the spine ten drops, and waited half an hour to watch the result. The first noticeable effect was in the almost total relief of the restlessness; next was a change in the appearance of the skin from dark to scarlet; finally, the pulse began to gather strength. We waited an hour, and observing no marked change in the appearance of the pupils, concluded to repeat the injections. We injected two drops more over the deltoid muscle. From this on, reaction, although slow, gradually progressed, and became complete. Nothing else was used.

Although in this case one-twelfth of a gr. of atropia was used within an hour, no very marked impression was produced upon the pupils.

I have not used atropia or belladonna in a single case of cholera morbus where the relief has not been prompt and decided. I have not saved all the cases of cholera infantum in which the belladonna has been used, but have never failed in mitigating the symptoms.

I have a theory upon which this treatment is based, but have not time at present to give it in full.

I understand you are having the Asiatic cholera in Chicago; and I should like to have you, or some other members of the profession, test the virtues of belladonna in all the choleraic class of diseases.

Very truly,

C. TRUESDALE, M.D.

Rock Island, Aug. 25th, 1873.

Society Reports.

REPORT OF THE PROCEEDINGS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

MEETING OF AUGUST 25TH, 1873.

Plymmar S. Hdyes, M.D., Reporter.

Dr. A. Fisher in the chair. The following named Physicians were elected to membership: Dr. C. W. Burrill, Dr. W. E. Quine, and Dr. B. J. Perry.

The name of Dr. Edwin Powell, of Rush Medical College, was proposed by Dr. J. E. Owens.

On motion of Dr. W. C. Lyman, the following resolution was adopted:

"Invitations to participate in the discussions or transactions of this Society may be extended only to members of other regular medical societies, non-residents, or practitioners connected with regular medical schools or hospitals."

Dr. I. N. Danforth exhibited under the microscope a specimen of "rice-water" discharge, from a person affected with cholera. Dr. Danforth explained the characteristic alterations in the cells of the mucous membrane of the intestinal tract; and Dr. C. J. Simons gave the ante-mortem history of the patient from whom the specimen was obtained.

Dr. J. N. Hyde, the Secretary, read a letter from Dr. A. Poitevin, Vice-Consul of France

at Mobile, recommending the use of Ethiop's mineral, in cases of cholera, on the authority of Prof. Cadet, of Rome, Italy. Also, the following report from the Committee on Treatment of Cholera:

REPORT OF COMMITTEE ON TREATMENT.

In consultation with a few of our older physicians who have had most experience in the treatment of cholera during its prevalence in former epidemics, we find a most gratifying uniformity in the views expressed regarding the treatment of this so much dreaded disease.

Without reference to particular theories of pathology, and especial theories of treatment founded thereon, experience seems to have demonstrated that certain remedies are in a measure efficient and successful in arresting the disease, when they can be resorted to in season.

In the active stage of vomiting and purging, small doses, frequently repeated, of calomel and morphine, are recommended by all with whom we have conversed. These remedies, given in form of powder, immediately after each attack of vomiting, will, some part of them, adhere to the coats of the stomach long enough generally to exert their influence. A solution of calomel, acetate of lead, and morphine, thrown well up into the rectum, immediately after a discharge, when the lower bowel is empty, will also be likely to be retained so as to aid materially.

When called in later, after collapse has set in, or in cases that progress on to collapse in spite of treatment, Dr. N. S. Davis places much reliance on the following mixture:

℞.—Acid nitric, ʒ i.
Strychnia, gr. i.
Tinct. opii, ʒ iv.
Syr. simplex, ℥ i.
Aquæ, ℥ iij.

M. ʒ i. every hour, alternating with calomel and morphine powders, as above.

The above mixture is also valuable as a tonic in the convalescence from cholera, when there is nervous prostration and a general relaxed state of the system.

In the painless diarrhœas which so frequently precedes the active onset of the cholera attack, and which seems to result from a generally relaxed condition of the mucous membrane, the following is a favorite mixture with some:

℞.—Arom. sulph. acid ʒ iij.
Sulphate magnesia, ʒ iij.
Tinct. opii. ʒ iij.
Aquæ mentha, ℥ iij.

M. ʒ i. dose, repeated more or less frequently, according to urgency of symptoms. It has the merit of being rather agreeable to the taste, and not likely to offend the stomach.

To the following gentlemen, among others, we are most especially indebted for the above information regarding the treatment of cholera, and all of whom have expressed their confidence in the value of calomel and morphine in the active stage: Prof. H. A. Johnson, Dr. John Bartlett, and Prof. N. S. Davis.

J. H. ETHERIDGE,
H. P. MERRIMAN,
C. G. SMITH,
F. H. DAVIS,
DR. BOYD,
} *Committee.*

Dr. Thos. Bevan, Chairman of the Committee on History of Cholera in Chicago, reported progress, and requested further time for the completion of their report.

The Section on Surgery then presented its Annual Report for 1873.

The Chairman, Dr. W. C. Lyman, read a report on Stricture of the Urethra and Rectum.

Dr. A. S. Peck read a report on the Electro-Therapeutics of Surgery.

Dr. John E. Owens read a report on Staphyloraphy and Uranoplasty, illustrating his remarks by card-board models of the palate and membrane flaps; exhibiting, also, an improved gag.

Dr. John Bartlett described a new and efficient method of producing vaccine vesicles by the aid of fenestrated plaster and cantharidal cerate.

It was announced that two members of the Surgical Section had yet to report.

The Society then adjourned.

Gleanings from Our Exchanges.

THE RESUSCITATION OF NEW-BORN CHILDREN.—In *The Clinic* of July 26, '73, is a case republished from the *Medical Press and Circular*, reported by Dr. John J. Marshall, where this gentleman succeeded in resuscitating an apparently lifeless new-born child, after plying artificial respiration, chiefly by the *mouth-to-mouth* method, for a period a little less than four hours.

The case is interesting and instructive, and calls up some cases reported by myself in a paper entitled the "Mouth to Mouth *vs.* the Marshall Hall Method in Asphyxia-Neonatorum," published in the *Lancet and Observer*, No. 1, 1860. The cases were adduced in at-

testation of the importance of perseverance in artificial respiration, and of the superior efficacy of the mouth-to-mouth method in cases where children born apparently lifeless may yet be susceptible of resuscitation.

In three of my cases the infants were to all appearance dead; but careful examination revealed the continuance of feeble cardiac contractions. In one case it is mentioned "after persevering for several minutes there was a feeble respiratory gasp; then, after a considerable interval, another gasp. These respiratory acts continued to be repeated at long intervals, artificial respiration in the meantime being kept up, and the circulation thereby maintained. An hour passed before the child could maintain its respiration unassisted."

In another case, "the heart was still pulsating, though so feebly as to be just perceptible, and so slowly that the lengthened interval excited my apprehension that each beat would be the last. With the loss of as little time as possible I commenced artificial respiration (by the usual method) the effect of which was soon manifested on the circulation; the action of the heart was increased until it came up to the standard of a healthy breathing infant; the surface changed from pallor and lividity to the healthy complexion. But it seemed that vitality was to be maintained only so long as I persevered in inflating the lungs, for on suspending the operation there was no spontaneous respiratory effort, and the circulation became speedily feeble. However, after keeping up the process at least half an hour I was greeted with a respiratory gasp. There was a recurrence of gasps, at first at long intervals, and afterwards more frequently, until respiration was established."

In a third case, "*at least an hour elapsed before the child gave a gasp*, and two hours before it could be left to do its own breathing. My dependence was upon the *mouth-to-mouth* process. By it I found no difficulty in controlling the circulation. It seemed as though the heart's action might have thus been maintained indefinitely. The 'Marshall Hall method' was tried, but the results were negative; under it pallor and lividity would return to the surface, and the circulation grew gradually more and more feeble, until the heart's action would plainly have soon ceased had it not been aroused by a more ready and efficient method. Several times did I alternate the new method with the old, and just as often did I witness the same striking contrast of phenomena."

Two more cases are instanced in which the asphyxia was profound, showing failure of the Marshall Hall and success of the mouth-to-mouth procedure.

These are types of cases of which I have since seen many. Nor can I better express my confidence in the efficacy and superiority of artificial respiration by the mouth-to-mouth method in asphyxia of new-born children than by quoting from the paper referred to: "I believe it is adequate to resuscitate wherever resuscitation is possible. Give me a beating heart, however feeble and slow its action, and I expect to resuscitate the child; but if motion there has absolutely ceased, I am impressed that the best exertion in the use of any means would be in vain.—A. T. Keyt, M.D., in *The Clinic* for Aug. 23d.

Specialties.—Dr. Robert Barnes says, "I have recently been honored by a visit from a lady of typical modern intelligence, who consulted me about a fibroid tumor of the uterus; and lest I should stray beyond my business, she was careful to tell me that Dr. Brown-Sequard had charge of her nervous system; that Dr. Williams attended to her lungs; that her abdominal organs were intrusted to Sir William Gull; that Mr. Spencer Wells looked after her rectum; and that Dr. Walshe had her heart. If some adventurous doctor should determine to start a new specialty, and open an institution for the treatment of diseases of the umbilicus—the only region which, as my colleague, Mr. Simon, says is unappropriated—I think I can promise him more than one patient."—*London Lancet.*

State of Illinois Institution for the Education of Feeble Minded Children.—*Superintendent's Office, Jacksonville, Ill.*—The next term will commence on Wednesday, Sept. 17, 1873. Pupils from Illinois receive board and tuition free. Pupils are expected to be brought to the Institution promptly on time, but not before that time. We have no accommodations for friends of pupils at the Institution, but there are good hotels in town. Street railroad runs from the Junction Depot to the Public Square, and from the Public Square to the Institution.

C. T. WILBUR, M.D., *Supt.*

Correction.—In the letter of Prof. Thos. Bevan, published in the last number of The Examiner, there occurred several errors, overlooked in the proof-reading. In the first line, *Germ*, not *German theory*, was intended. At the bottom of the page, *tonics* should read *toxic*, and *lacteria, bacteria.*

Original Communications.

AN ESSAY ON THE PATHOLOGY AND TREATMENT OF CANCER.

BY N. SENN, M.D., ASHFORD, WISCONSIN. READ BEFORE THE ROCK RIVER MEDICAL SOCIETY, AND PUBLISHED BY REQUEST.

From ancient times the pathology and treatment of cancer has constituted a large per centage of the literature of the medical profession. Hippocrates and Galen gave a description of this disease, alluding to its different stages and its obstinacy to all kinds of treatment.

Archigenes, as quoted by Aretius, gives a most beautiful description of the symptomatology of uterine cancer, which, in accuracy, brevity and clearness, remains unsurpassed by any given since his time. *

After the introduction of the microscope as a means of studying the minute structures of the human body, a new impulse was given to the investigation of this disease.

Great minds looked forward to its wonderful revelations with an interest only equaled by the importance the subject demanded. This instrument was expected to unravel the mysteries in which this disease was then involved, and demonstrate that which for centuries had baffled the unaided eye, the existence of a peculiar specific histological element. This was soon found.

For years we have been reading descriptions of cancer-cells, their presence having been regarded as conclusive evidence of the malignant character of the disease.

This idea was carried to such an extreme that for a positive diagnosis the microscope was relied upon almost exclusively. The fallacy of such an exclusive course in diagnosis soon became obvious. Our knowledge of the essential pathology of the disease is to-day, notwithstanding the heroic labors of Bennet, Virchow, Sebert, and Rokitansky, but little in advance of that of our forefathers eighteen centuries ago.

At present, the existence of a specific "cellula cancrosa," with but few exceptions, is denied by all leading authorities. Because we know as yet little, is no reason for getting discouraged; it is only by hard toil and perseverance that obstacles of an apparently insurmountable character are fully conquered, and success added as a crowning reward. Let us hope that the present age will furnish one who will tell us what cancer is, and show us how to cure it, thereby robbing this disease of its terror, and associating his name with the greatest benefactors of the human race.

The very name by which this disease is designated, denotes something repulsive. In this sense, it is frequently alluded to in the language of poets:

> "And is 't not to be damned,
> To let this canker of our nature come
> In farther evil ?" *

Cancer, literally a crab, was originally applied to this disease from the manner in which it was supposed to fasten itself upon the tissues; and, although a very improper term, only figurative in its meaning, it will probably occupy its position in our nomenclature indefinitely, on account of its long and universal use. It has always figured largely in the mortality lists. In England, from 1838 to 1842, the deaths from this cause amounted to 11,662. In the United States its prevalence varies in different localities. According to statistics of Professor Andrews † it is the most prevalent in Vermont, where its ratio to all other causes of death is 1-38. It is the least frequent in Arkansas, where it constitutes only one death in 240. In regard to its geographical distribution, the same author sets down the following rules:

1. Cancer prevails most near the sea, and diminishes as you recede from it.

2. At equal distance from the sea it is most prevalent at the north, and diminishes as you go south.

Dr. Haviland's observations partly confirm the above views. According to them, in England cancer is the most prevalent where the soil is composed of the tertiary, or most

* Volkmann's Klinische Vortage.

*Hamlet, v.: 2.

† Chicago Medical Examiner, June, 1872.

recent formations, as along the banks of the Thames, the alluvial valley of the Humber, and the alluvium of Norfolk, Suffolk, Lincolnshire, and east Yorkshire; while the north-west part of England and Wales, belonging geologically to the primary formations, are peculiarly exempt.

The relations of cancer to the planetary system deserve to be studied more closely, and may give us some further hints as to its artiology.

What is cancer? At the present state of our science this question remains to be answered. To show what it was thought to have been, I will give the opinions of a few leading authorities.

Adams advanced the animalcular theory, claiming that cancer was composed mainly of minute animalcules, which he called cancer hydatids, belonging to the zoophytes. Schornlein * says "Cancer is a neoplusnea, composed of vessels and a histogenetic material analogous to the tissues of the lowest organization of animal life." John Mueller says: † "In general all tumors may be called cancerous that take the place of normal tissues; all those which are called constitutional from the beginning, or invariably become so during their development; those having become constitutional and return after extirpation, causing the final death of the patient." Chelius ‡ calls cancer all such degenerations as are the result of ulceration of a scirrhus, having a continued tendency to destroy all neighboring tissues, without regard to their structure; and, if left to itself, never heals; and at a certain stage of development produces a peculiar general cachexia. Bardeleben § defines cancer as being tumors composed of a vascular stroma, and multiplying cells, of an epithelial character. Waldeyer ** gives the following brief and comprehensive definitions: "Cancer is an atypical production of epithelism." Gross †† says: "Under the term malignant are comprised certain morbid products which have the effect, within a variable period after their formation, of destroying not only the tissues in which they are deposited, but also the life of the patient." Errichson * says: "A cancer always presents a heterogeneous commingling of cells and fibres, with an intercellular substance in the form of a suspending fluid, which varies much, being scarcely recognizable in the epithelial variety."

Thomas Bryant calls cancer "a disease essentially of a progressive character: it never remains long in one tissue, but sooner or later involves all with which it comes in contact; and it is through this pathological peculiarity that it produces symptoms in the skin over it and parts beneath it of great diagnostic importance."

From these definitions it will be seen that every author had his own pathological views concerning this disease.

The oldest and most prevailing doctrine taught that it depended, primarily, on a general dyscrasia, in other words, that it was merely a local manifestation of a constitutional cause.

Then originated the theory that the primary cancer deposit consisted of an amorphous blastema, from which subsequently both the cells and fibrous stroma were simultaneously developed.

Among the first to promulgate this latter view, were the two greatest pathologists in the world, Virchow and Rokitansky. In the first edition of Virchow's Pathology this theory is the most prominent one.

At present, Virchow, Forster, and W. Mueller, consider the connective tissue as the starting point of the morbid process, the cellular elements and stroma being produced from one and the same source, viz.: the connective tissue.

Remak, besides many other embryologists, oppose this theory, by demonstrating that, according to their researches, it is incompatible for primitive histological elements to produce other elements differing so much from the paternal ones in structure and function.

* Schornlein's Pathology, in Therapie Bund, iii., S. 410.
† J. Mueller's Structures of Tissues, Seite 10.
‡ Chelius' Chirurgi, Seite 43.
§ Bardeleben's Chirurgie, in Operations lehre Bund i., S. 478.
** Volkmann's Klinische Vortrage, S. 184.
†† Gross' Surgery, vol. i., p. 236.

* Errichson's Surgery, pp. 487.

Waldeyer, Bardeleben, Billroth, Luecke and Rudnow, look at all varieties of cancer as essentially of an epithelial production, and consequently only found where normally epithelium is present.

The stroma they consider is composed of the pre-existing normal one, variously changed by the morbid process of the growth.

Between these two groups of pathologists a third one has formed, with E. Numann, Klebs, Rindfleisch, and C. Koster at the head, who do not deny an epithelial origin in the majority of cases; but they believe that, under certain circumstances, it may likewise arise from connective tissue, or by lymphendothelium.

It is a matter of fact, well proved by chemical observation, and substantiated by microscopical examination, that most, if not all, cancers, originally attack epithelial organs; hence, I have no doubt that future researches will prove the correctness of the opinion of those who regard it essentially as an atypical production of epithelium.

Chemically, the cancerous material is found highly albuminous, which fact is of chemical importance, as albuminous products possess but a low degree of vitality, feeble organizing properties, and are, consequently, very liable to rapid degeneration or interstitial necrosis.

Every cancerous tumor consists of: 1. Fibrous stroma; 2. Cells; 3. Intercellular substance, arranged in varying proportions, according to its stage of development or anatomical structure.

1. The stroma primarily consists of the connective tissue of the organ affected, but undergoes various changes of hypertrophy, atrophy, or destruction, during the progress of the disease.

It constitutes the framework of the tumor, in the meshes of which the other elements are lodged, serving at the same time as a nidus for the nutrical vessels.

It is abundant in scirrhus, and very delicate in encephaloid, to which is due the characteristic density of the former, and the softness and semi-elasticity of the latter.

2. The cells constitute the most interesting element in the histological study of cancer. They have attracted a great deal of attention on the part of microscopists for the last fifty years, having been regarded at one time as diagnostic of this form of disease. At present, however, their specific character is denied with but few exceptions, by all leading authorities.

Sebert still ascribes to his "cellula cancrosa" great diagnostic importance.

It is difficult to give an accurate description of the so-called cancer-cells, their morphology being so variable.

They may resemble in shape most any of the cellular products of the body, as the epithelial, hepatic, cartilage cells etc.

It is their great variety of form which renders them so distinct from those of a benign tumor, where there is more uniformity in this respect.

Their external features are determined, to a great extent, by their mutual pressure and the amount of intercellular substance. They may be round, oblong, caudate or spindle-shaped.

When full grown this size varies from 1-20th to 1-50th of a millimeter (Sebert).

Within the cell membrane we find one or more nuclei, and within the latter one or more nucleoli, also a homogeneous cell-contents, and sometimes fat globules.

The multiplication of cells is accomplished by the indigenous method.

3. The intercellular substance, which Virchow designates cancer serum, is composed of albumen, fat globules, extractive matter, casein, water, and the usual morganic salts. It is most abundant where the cells are numerous, and least so where the fibrous tissue predominates. When it is scraped from the surface of a section of a tumor, it contains cancer cells, and is then called cancer juice.

The difference between a benign and malignant epithelial production consists in its direction and manner of growth; the former remains superficial, while the inherent tendency of the latter is to penetrate deeply into the tissue, abolish them, and occupy their space, without regard to their anatomical or chemical composition.

This disposition on the part of cancerous deposits to usurp the space of normal structures is one of its chief clinical features, rendering the tumor firmly attached to the surrounding parts irregular in shape and immovable.

It is not probable that normal organs are transformed into cancer tissue; more likely their vitality when in contact with the cancer juice is destroyed, and they undergo a process of fatty metamorphosis and subsequent absorption.

The secondary or metastatic deposits occur most frequently in the neighboring lymphatic glands, towards their proximal side to the body, or in one of the internal organs.

They form regular, round, circumscribed movable tumors, differing from the primary one in their clinical behavior as well as their histological production. They are less liable to undergo destructive processes. According to Virchow, they are produced by the absorption of cancer virus, from the primary deposit gaining access into the lymphatic vessels, where an analogous morbid process is established. He denies the possibility of a cancer cell to enter the lymphatic vessels.

Waldeyer believes that some of the cellular structures of the primary depot enter the lymphatic vessels, are carried along with the current to the nearest gland, when its progress is arrested and an independent cell evolution of its own established, in which the cell structures of the gland do not participate.

A cancerous tumor is always the seat of active pathological changes either retrograde or progressive. The most favorable process for the patient consists in an arrest of cell growth, full metamorphosis of those existing, and their final removal by absorption.

After such an occurrence, only the fibrous stroma is left behind, constituting a hard innocuous cicatrix, called by the German authors "Krebs-Narbe" (cancer cicatrix).

By this retrograde process undoubtedly spontaneous cures have been effected, or at least a period of latency established for years.

Rapid growth of a tumor forebodes danger. The rapid increase of tissues soon exceeds their capacity to maintain their situation; they fall a prey to ulcerative destruction, which now reacts most unfavorably upon the constitution, by an increased drain brought to bear upon it, and also from the absorption of the products of decomposition inducing a slow septicæmia, to which the patient finally succumbs.

The general cachexia following the advanced stages of cancer is regarded at present by the best pathologists as nothing peculiar to this disease. It consists in a general dyscrasia of the blood, produced by the combined influence of depressing mental emotions, long continued suffering, disturbed digestion, and, most of all, the introduction of an animal poison. We often witness the same general phenomena follow other chronic affections, as ulceration caries, etc.

If we accept the theory that cancer is an atypical production of epithelium, possessing an inherent tendency to destroy the normal tissues, we must regard any process as such, irrespective of its location; and we would *a priori* always expect to find its primary departure from organs supplied with epithelium.

He was the first one to point out the difference between the epithelium of serous, cutaneous, and mucous surfaces.

The epithelium of serous surfaces, in a histogenetic point of view, he does not regard as a epithelium proper, but as a modification of connective tissue-cells, for which he pro poses the name of endothelium.

These surfaces are seldom or never the seat of the primary deposit, consequently we have to look to the skin, mucous membrane, or any of the proper glaudular organs, for the primary manifestation of the disease.

The glands most frequently affected are those which are the seat of frequent and long-continued congestions, as the mammary gland, and the mucous glands of the uterus and alimentary canal.

Males furnish a large number of cases of cancer of the face and stomach; while females furnish an unusual percentage of cancer affecting the organs peculiar to their sex.

(*Concluded in next number.*)

ON STRICTURE OF THE URETHRA AND RECTUM.

REPORT READ BEFORE THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS, AUG. 25, 1873, BY W. C. LYMAN, M.D.

In making some statements relative to stricture of the urethra, I will avoid anything concerning diagnosis, cause, locality, or pathological anatomy, and confine myself solely to the methods of treatment, prefacing with the remark that established methods sometimes give place to new ones, apparently promising, but which do not stand the test of experience, when a return to former practice occurs. I refer especially to those cases requiring either gradual or immediate dilatation, and not to those that require operation by incision, as they may be considered to constitute an entirely different class. I can recall about 150 cases of this form of disease, and about one-third were treated by immediate dilatation. These are sufficient in number to enable one to arrive at a conclusion reasonably correct as to the utility of the two methods. I say, unhesitatingly, that I prefer the gradual method for the following reasons:

First—The gradual method, carefully put in practice, does not keep the patient from his ordinary business.

Second—The sure requirement of anæsthesia does not alarm the patient.

Third—There is complete absence of danger from shock, which attaches itself to all cases of the immediate operation, particularly in persons advanced to middle life.

Fourth—The complete cure by the gradual method is, at least, as expeditious as the other, there being frequently a chronic discharge which lasts a long time.

Fifth—The greater liability to return of the stricture, by contraction of the cicatrix made by rupture, and by the continual presence of induration, which formerly constituted the stricture, rendering a repetition of the operation frequently necessary.

Sixth—Immediate dilatation is far more painful, both during and after the operation, than the other plan.

Seventh—There is loss of symmetry by rupture, that is wholly avoided by the gradual absorbtion of the thickening of the urethral mucous and submucous tissues by equable pressure.

The immediate result of the rupture of a stricture is very flattering. The urine which was voided in a small and irregular stream, through a passage admitting only a No. 4 sound, perhaps, passes, at first, in a large, full stream. This will continue but a few days, unless a full-sized sound is used daily. The passage lately so widely dilated rapidly contracts if left alone; and the use of the sound is, almost without exception, excessively painful, and often excessively difficult, from the ruptured and unsymmetrical condition of the urethra. These conditions, which so nearly always obtain, contrast very unfavorably with the easy and almost entirely painless journey to health by the other path. I wish, furthermore, to state that a great many cases of what are really inflammatory or true strictures can be cured without any effort at dilatation whatever. I refer to simple inflammatory thickening of the urethral lining, a sequel of a gonorrhœa. This produces a decided diminution of the urethral calibre, and is a forming stricture. These cases will yield to the same methods that are successfully used in chronic inflammations of other similar tissues, as the conjunctival, pharyngeal, or nasal lining membranes.

It has long been the opinion of the writer that the ordinary means in use by the profession for treatment of stricture of the rectum are far inferior in utility to those which cases of this formidable difficulty really demand. We find the rectum, from one and one-half to three inches from the anus, narrowed, thickened, and indurated, till its elasticity, calibre and contractibility are almost, if not entirely, lost, and the patient finds life to be one long period of anxiety and distress.

Dilatation with the bougie, although it can do much, must stop far short of anything like a complete cure. The greater part of the thickening remains, and the disposition to a return of the symptoms is exceedingly strong, as the largest bougie that

can pass the sphincter can never fully restore the calibre or the shape of the rectal space.

The use of the bi-valve dilator, shaped like a long speculum, can accomplish more; but *its* power is limited; and if there are internal hæmorrhoids, or varix of the hæmorrhoidal veins, dangerous hæmorrhage may occur, and, in fact, has occurred. It can readily be seen how this may occur with the force operating only in opposite directions, and not radiating from the center. Incisions of the fibrous bands of the stricture have been practiced, followed by the use of the bougie, as in ordinary cases, and with the same result. If this partial dilatation and partial absorption of plastic deposit can be obtained, it is fair to conclude that if the efforts could be continued beyond their usual limits, and the rectum be dilated to its full capacity, persistence in the treatment would be rewarded by the return of the rectal walls to their natural degree of thickness and elasticity. This has been lately more fully accomplished than ever before, by the following means: Five or six rubber "capotes" or "condoms" are drawn one over the other, and a director, such as a small piece of whalebone, protected at the end by a piece of sponge, and long enough to pass up through the stricture, is left within the elastic sac thus made, the open end of the instrument being securely fastened upon a small metal or ivory tube, that can be connected with an ordinary Davidson's syringe. The elastic sac already passed through the stricture is filled with water by the syringe, and the necessary degree of dilatation accomplished by successive efforts.

The introduction of the empty sac is easy enough, unless the constriction is unusually tortuous.

The evident advantages of this method are:

An entire absence of danger from hæmorrhage, as the sac fills all parts, and, by mechanical pressure, prevents it.

The very slight degree of pain inflicted, and the consequent absence of fear on the part of the patient.

The production of an equally powerful expansive force in every direction, acting symmetrically, producing true dilatation more than rupture of tissue.

The possibility of continuing its use till the rectum is restored to its normal calibre.

The impossibility of inflicting any injury upon neighboring organs or tissues, or producing undue dilatation or loss of power of the sphincter muscle.

The single case that it has been my fortune to treat in the manner above stated, occurred in a young married woman about thirty years of age, who has suffered for the past ten years with some degree of this disability. When first seen, the opening through the mass constituting the stricture was too small to admit more than a No. 24 sound, of the French scale. This was gradually dilated, first by the bougie, and then by a bi-valve dilator, till the blades of the latter instrument could be easily opened one and one-half inches. Dangerous hæmorrhage then occurred, following, immediately, an effort at dilatation, and greatly alarmed the patient, who ceased making any further effort with a view to her recovery. She went on well for a period of two years, with greatly improved general health, but the gradual contraction necessitated another resort to dilatation; and I am glad to be able to report that the new method has greatly and expeditiously relieved the patient, and that it is fair to conclude that persistence in the same means will finally quite overcome the difficulty.

Nocturnal Incontinence of Urine cured by Circumcision.—Dr. Joseph Bell communicated to the Med. Chir. Soc., of Edinburgh, a case of nocturnal incontinence of urine which had persisted for seven years, in which he had perfomed circumcision a month previously, since which the incontinence had entirely ceased.—*Edin. Medical Journal*, May, 1873.

Radical Cure of Fistula in Ano.—Dr. Hute recommends the injection of a solution of iodine in ether instead of the ordinary tincture of iodine, on the ground that the ether, being more volatile, escapes more rapidly, leaving the walls of the fistula in contact with pure iodine. The reaction is insignificant, and there is no occasion for the patient to keep his bed.—*Le Mouvement Medicale.*

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, Oct. 1st, 1873.

EDITORIAL.

THE BRITISH MEDICAL ASSOCIATION.

The forty-first annual meeting of this Association was held at King's College, London, commencing August 5th, 1873.

The address on Medicine was delivered by Prof. E. A. Parkes, F.R.S., of the Army Med. School; the address on Physiology by Dr. Burdon Sanderson; and the address on Surgery by Prof. John Wood, of King's College. An abstract of the latter address we publish in the present number of THE EXAMINER.

A London journal, *The Doctor*, in commenting editorially on the success of the meeting, says:

"The celebration of the forty-first annual meeting of the British Medical Association at King's College last month has been called by some of the lay journals a Medical Congress, and deserves the name. It is pronounced by our contemporaries to have been a success; but most of them seem to think more of the amusements and the "feeding" than of the scientific part of the programme.

"As a reunion of Medical men "on pleasure bent," we may look on it as successful; but we feel some regret that such a gathering should not elicit more solid advantages. King's College was full of people eager to join in excursions, to meet old acquaintances, to look at or speak to the notabilities, to listen to a *portion* of one of the addresses. But the sections were almost deserted, save by those who had papers to read, or who desired to speak.

"The division of the work into sections is in reality a failure. Half-a-dozen meetings going on at the same time cannot be all well attended. Then a fair proportion of those who would work in the sections were desirous of attending two or more, and in the effort to catch the papers they wanted to hear, missed all. This was very unfortunate, and destroyed the enthusiasm of several of our acquaintances.

"The addresses are always a strong feature. That of the President this year was very genial and homely, and offered a cordial welcome to all; the beginning and end of it were therefore welcome; and Sir William Ferguson was as popular as ever. In the central part of his address, however, he attacked the water question, for which he has been in various papers attacked in turn. He took what may be called a common-sense view, in opposition to the chemical notion; but the world being as it is, we prefer the chemical view, just as we prefer pure to impure water. Sir William, as a surgeon, is unequalled; as a chemist, we can scarcely accept his authority."

It appears from the above quotations that a portion of the English medical press are inclined to criticise the proceedings of the British Association in a good deal the same spirit that some of our American journals have taken up the workings of our national organization.

DIET AS A PREVENTIVE OF CHOLERA—In a recent number we quoted the senior editor of the *Nashville Journal of Medicine and Surgery*, as saying that "Cholera would not prey upon any one who had no fruits, vegetables, nor animal products in his stomach." As the words *fruits*, *vegetables* and *animal products*, might be interpreted to mean more or less, according to the fancy of the reader, we requested the editor of the Nashville journal to state more definitely what articles of food he would deem safe for use during the prevalence of cholera; and he answers as follows:

"DINNER.

"*First Course.*—Soup-bone soup, with rice boiled in it; salt and pepper to taste.

"*Second Course.*—Roast of beef, broiled spring chickens, loin steak, boiled rice, roasted pullet, cornbread, cold biscuit, iced water.

"*Third Course.*—Coffee, cold biscuit.

"BREAKFAST.

"Mutton chops, fried spring chickens, loin steak, ham and gravy, hot rolls, biscuit, corn-

bread, baker's bread, rice cakes, with ham gravy, or syrup; coffee, tea, iced water.

"TEA.

"Cold ham, cold boiled chicken, tea or coffee, biscuit, iced water."

In answer to our former rather playful inquiry whether chickens are not *animal products*, Dr. Bowling has the following characteristic assemblage of words: "An animal product is what the creature, animal, produces. God makes a chicken, and a chicken lays an egg. The chicken is God-made—one of His creatures; but the egg is the hen's—a hen's egg, as we all say—an animal product, as I most correctly, most religiously, most decently say."

Conundrums to be answered by our friend Bowling in *Poetry:*

1st. If an egg is an animal product because it is the hen's egg, and a chicken is developed out of the egg, is the chicken the hen's product or the egg's product? In other words, is the chicken the hen's chicken or somebody else's chicken?

2d. If an egg is an animal product because a hen produces it, is not a calf an animal product, because a cow produces it?

Does the hatching of one in the nest, and the other in the uterus, alter the question of product?

3d. If an egg is hen-made, and a chicken God-made, at what stage of the process of incubation does the change take place from the product of the creature, hen, to that of the Creator?

PRIZE ESSAYS.—We hope, the members of the Association of American Medical Editors will not forget that there is a prize of $100 offered for the best essay on the question, "At what stage of pulmonary tuberculosis is a change of Climate desirable; what are the principles that should govern us in choosing the kind of change to be made. And which are the best localities in North America for patients of this class?"

The subject is a very important one. Competition is limited to members of the Association; and the essays must be sent to one of the members of the Committee on Prize Essays, on or before the first of April, 1874. The Committee are Drs. N. S. Davis, of Chicago, Illinois; J. P. Logan, of Atlanta, Georgia; and J. M. Toner, of Washington, District of Columbia. Will our exchanges call attention to this subject?

THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.—We have received the first and second number of the new series of this very valuable medical periodical. It is published bi-monthly, under the editorial supervision of Dr. S. M. Bemiss, and we heartily recommend it to all who desire a medical journal from the Southwest.

NORTH-EASTERN INDIANA MEDICAL SOCIETY.—The next meeting of the North-Eastern Indiana Medical Society will be held at Waterloo, on Tuesday, Sept. 30th, 1873.

Subject for Discussion: "The Mechanical Treatment of Uterine Displacements."

Essayists: N. Teal, J. B. Casebeer, E. G. White.

J. L. GILBERT, *Sec'y*,

OXIDE OF ZINC IN INFANTILE DIARRHŒA.—In the *British Medical Journal* of July 12, Mr. Edward Mackey, M.B., recommends oxide of zinc in infantile diarrhœa, especially in those forms complicating nerve-troubles or hooping-cough. He points out that it has "tonic and anti-spasmodic as well as astringent qualities, a combination in a non-irritant substance exactly suited to many cases of the malady." It does not irritate, as chalk sometimes does, or gripe, as acids do occasionally, and is a better nerve-tonic than bismuth. Mr. Mackey says that it has given him excellent results in all varieties of infantile diarrhœa, in conjunction with suitable diet. Dose, one grain for any age under two years, with a little syrup, mucilage, and dill-water, three or four times daily, not on an empty stomach. A larger dose may nauseate. He says that oxide of zinc will give us in many cases the maximum of good with least liability to harm—an advantage to be desired, especially in out-patients and distant cases. Dr. Warring-Curran has referred to this use of oxide of zinc in the *Lancet*, October, 1868; and Dr. Brakenridge, in the *Medical Times and Gazette*, February, 1873, points out its tonic and anti-spasmodic as well as astringent properties.—*Philadelphia Med. Times.*

Gleanings from Our Exchanges.

THE BRITISH MEDICAL ASSOCIATION—ADDRESS ON SURGERY.

The following abstract of the address on Surgery, delivered at the recent meeting of the British Medical Association, by Prof. John Wood, of King's College, is from the London *Doctor* of Sept 1st:

"Prof. Wood reviewed the recent progress of Surgery, dwelling chiefly on those points on which he could speak from his own experience.

"He had the highest respect for Lister's system of treating wounds. On his theory of germs it was consistent and simple enough; but it was as a practical method that it must be estimated; and it was with that view that he had put it as far as possible to the test. He began it when the hospital was in a good hygienic condition, and for that time the cases did admirably. He had some cases quite equal to any described by Prof. Lister. He also tried the application of dry lint, and in many, especially in breast cases, the results were also perfect. He also tried the application of the chloride of zinc solution, in the manner originated by Mr. De Morgan, and very good results ensued. After about six months a very unfavorable change came into the hospital. Erysipelas and pyæmia began to show themselves. The wounds began to suppurate more, primary healing was less common, and the erysipelatous blush appeared in cases treated in all ways, and almost as impartially on his own antiseptic side of the hospital as on his colleague Sir W. Fergusson's non-antiseptic side. But there was little or no putrefaction in any of his cases, as evidenced by the odor, which his eminent colleague, however, attributed to the carbolic acid smell overpowering all others.

"In some cases of psoas abscess treated by Lister's method, he had had marked success so long as the hospital remained healthy. But when erysipelas and pyæmia appeared, he had others, in which the pus in the abscess became putrid and offensive after the first evacuation under the spray, and with all the precautions, and he was obliged to make free openings and introduce drainage-tubes through which the abscess could be washed out with antiseptics. Such cases showed the danger of departing from the old rule of providing a free exit for all the purulent and offensive discharges, for the want of which the exclusion of air was not a sufficient compensation.

"He then alluded to Mr. Callender's paper, and the advantages of cotton-wool, which was preferred to any other dressing, he said, by Mr. Christopher Heath. He spoke of Professor Humphry's and Dr. Weil's views. He said that, after frequent trials, he considered that the readiest, lightest, coolest, and most generally useful application of the antiseptic method, was a plan comprising the free use of Chassaignac's drainage-tubes, passing from the surface of the wound, or from its interior if deep and sinuous, and with their outer extremities imbedded in cotton-wool or oakum, well permeated with MacDougall's or Calvert's powder, or other disinfectant or absorbent of discharges; the surface of the wound washed over, after bleeding had ceased, with a mixture of solutions of chloride of zinc or sulpho-carbolate of zinc; the same solution to saturate the lint, applied in the same way as in water-dressing, and enveloped in thin gutta-percha tissue, the whole supported by strapping and a light bandage. An outer envelope of cotton-wool, or oakum, completed a method from which he had obtained as good results as any, and which he had found it less difficult to ensure being carried out.

"He agreed with Mr. Lund's view. Erysipelas did not seem to be much influenced by antiseptic measures. It was a constitutional disease. Although usually showing itself first at the wounded part, it did not invariably.

"In four cases of pyæmic infection the treatment to which he had subjected his patients was attended with success. Besides persevering in the antiseptic local treatment, and giving free access of fresh air, he said he had surrounded his patients with a highly antiseptic atmosphere, by placing muslin bags of MacDougall's powder around and within the bed, and in abundance about the wound, so that he should both breathe the carbolic and sulphurous vapor, and imbibe it through the skin. If the stomach were not feeble or irritable, he also gave three to six grain doses of sulpho-carbolate, of iron with the view of testing Dr. Sansom's practice. He took care not to give the drug soon after nourishment was taken, so as not to interfere with the first stage of digestion, and discontinued it at once if the appetite fell off, or there was pain after taking it. Three of the cases showed in a week or ten days the peculiar slate-colored or olive-green color of the urine. These four cases completely recovered.

"Mr. Wood said he believed cases of recovery frequently occurred under other methods or no methods, and that as much depended on the age and reparative power of the patient, the amount of blood-poison formed or

absorbed, and the general conditions of the atmosphere, as upon any system of treatment whatever. He attached much importance to free drainage in dressing wounds. When these were made by the surgeon a good deal might be done by a judicious choice of the direction of the incision in resections, etc., position of flaps, etc., in amputations. Mr. Hutchinson's plan of making a puncture in the popliteal space, in excision of the knee-joint, illustrated his meaning. The wound should be made to slope towards that part which was most dependent when the patient was laid in bed. For that reason the circular operation in amputations of the thigh was objectionable. Very good drainage was accomplished in the late Mr. Teale's plan of a single square anterior flap. He preferred in the thigh, however, an oblique double flap, with the outer end of the incision placed lower than the inner, and the front flap placed somewhat outside the limb, and longer than the hinder. He was convinced that this gave the most complete drainage, prevented the bone protruding, and made a shapely and serviceable stump, with the cicatrix placed well behind the point of pressure.

"Another important point in favoring the escape of discharges from the interior of a wound, lay in the manner of securing the arteries. He believed, with Sir W. Fergusson, that so long as entire union was wanting, ligature threads might have the advantage of keeping open channels for the escape of discharges from the close neighborhood of the tied arteries, the accompanying veins of which were frequently the source of effusious of blood after the wound was dressed, and these would afterwards clot and putrefy. He usually well steeped the ligature threads in carbolized oil, saturated so as to be unable to absorb discharges, and utilized so as to spread around an antiseptic influence. There was one point in the section of flaps which he thought might have influence sometimes on the introduction of pus or septic matter into the cut veins. When these were cut obliquely with the face of the flap, they were opened in a large conic section in the shape of a pen, and left, when placed on the underlying flap, in an attitude well adapted for receiving and conducting into their interior pus and putrid discharges which gravitated from the surrounding hollow and often funnel-shaped sides. To obviate this, he invariably, after a flap operation, cut off the larger veins transversely.

"Mr. Wood next touched upon the radical cure of rupture. He said he had long thought we might prevent a return of the protusion after the operation for the relief of strangulation. He believed that, in a healthy subject, the peritoneum might be dealt with as freely and as safely as any tissue; and that the chances of bad results from peritonitis would depend upon the injury sustained by the bowel in peritonitis, rather than upon any way of dealing with the peritoneal sac and parietes, after the strangulation had been relieved, provided due drainage were secured. When the bowel and omentum were congested only, and most likely to recover when placed in their natural cavity, especially in young and healthy subjects, he concluded that the attempt would be justified, and probably be successful. The advantage of preventing a life-long trouble was obvious. He then narrated three cases.

"Mr. Wood said, cases of ectopia vesicæ and epispadias possessed an interest for surgeons who had a tendency to plastic efforts. During the last ten years that his attention had been directed to this deformity, he had met with forty or fifty cases. More had been recorded by Prof. T. Holmes, who first practiced successfully in this country, in 1863, the plan followed by Paucrost and Ayres in America in 1858. It had apparently been suggested by M. Richard's unsuccessful application of Nelaton's principle of laying a flap upon the parts to be covered, with the skin surface downwards, and covering it with another. Other cases had been operated on in various ways by Messrs. Simon, Lloyd, Sydney Jones, and Thos. Smith, with, he believed, little success. He had himself operated upon sixteen cases.

"For epispadias, he had operated by Nelaton's method twice, with favorable results. For hypospadias, in which the urethra was deficient below as far as the scrotum, he had operated three times upon a plan somewhat similar, viz.: a reversed flap upon the side of the opening, with another from the scrotum superimposed upon it.

"A similar plan, combined with internal section and dilatation of the strictured urethra, he had found to succeed admirably and completely in two cases of penile urinary fistula communicating with the urethra in front of and close to the scrotum, accompanied with a hard cartigalinous stricture of the urethra.

"Among the novelties of the year was the plan of M. Demarquay, of passing a long flexible hollow bougie through a perineal urinary fistula previously enlarged by the bistoury, and then one end forwards through the stricture and out at the meatus, and the other end backwards into the bladder.

"Mr. Furneaux Jordan's plan of treating

obstinate impassable strictures by attacking them in the rear, through an opening from the rectum into the dilated urethra behind the stricture, was a valuable contribution to surgery.

"Much had been done in other kinds of plastic surgery of late years. Since his own successful case of transplantation of skin from the abdomen to the arm, for the relief of a frightful deformity of the wrist (published in the "Medico-Chirurgical Transactions for 1863," vol. xlvi.), he had had two more successful cases. A similar operation had been also successfully performed by Mr. Thomas Smith, in St. Bartholomew's Hospital; and his colleague, Mr. Hy. Smith, had lately had a very good case of operation, upon the same plan, for the relief of an extreme contraction of the elbow. In rhinoplasty, in which so much good work had been done by Mr. Hamilton, of Dublin, he had had some good cases of restoration of the nose from the cheeks and upper lip, some of which were found among the photographs laid before the meeting. The last case he had undertaken was about the most difficult one he had ever had to deal with, in the width of the chasm and the extensive loss of substance. The nasal bones, the vomer, ascending process, and a considerable part of the alveolus of the superior maxillary, and the whole of the ethmoid, except the cribriform plate, had necrosed away, as the result of scrofulous lupus. A great prominence of the frontal sinus also constituted a source of difficulty. To afford a basis for the new nose to be turned down from the forehead, he had resorted to the plan frequently followed successfully by Sir William Fergusson, of dissecting off and bringing towards the median line both cheeks. To secure the union of these, and to efford a prominence to the point of the nose, he had followed a plan which he had before employed in bad cases with satisfactory results. At the same operation he turned up the middle third of the upper lip and split it from its lower edge, turning over the borders so as to afford a bridge of support, and an extended raw surface for union with the opposed cheeks. This was rendered necessary to enable the cheeks to meet in the median line, as well as to insure their union to each other. When this had entirely healed, by a second operation he dissected up the mucous membrane from the bridge made of lip tissue, and reflected it over the gap still left between the eyes, so as to form another bridge of support for the root of the new nose, and to prevent it from sinking into the gap so as to become too much depressed. He then turned down the new nose from the forehead, after the Indian method, fitting it on to the raw surface, which gave it admirable support, and kept up the point of the new nose in a manner which one does not commonly see after this operation.

"He had practiced with advantage M. Reverdin's method in many rhinoplastic cases to eke out any deficiencies of skin in corners where it was desirable to prevent puckering from contraction, or to substitute skin tissue for mucous membrane exposed by reversal of the upper lip structure, which was apt to show its parentage unless subjected to more friction than was agreeable or possible on a newly-formed nose.

"Mr. Wood said he had barely time, among the recent innovations of modern surgery, to notice one which "*l'audace*" of the French school is applying in a manner which those who have reached the rest-and-be-thankful stage in surgery might call daring, if not rash. He alluded to the use of M. Dieulafoy's *aspirateur* to relieve distension by puncture of the bladder in cases of retention of urine, and of the intestine in abdominal obstruction, and in joints affected with hydrops articuli, and even to evacuate the fluid contents in strangulated hernia. In the first-named of these conditions, it was no doubt valuable as an adjunct to other remedies. Demarquay had not found it of much practical use in intestinal obstruction, because of the rapid re-formation of flatus, which corresponded to his own experience of puncture in desperate cases without the aspirator. Mr. Wood said he had used it in the punture of joints and the cure of hydatids, though not frequently enough to pronounce upon its capabilities; but he had not as yet arrived at the measure of audacity to use it in strangulated hernia, as it scarcely agreed with his own impression as to the importance of avoiding any injury to the bowel in dealing with strangulated or other herniæ."

THE CASES OF THE THREE SISTERS IN WHOM THE UTERUS AND OVARIES WERE ABSENT.—In all three subjects the vagina was short, and ended in a cul de sac; the mammæ were developed; and the marks of puberty generally existed, except that they had not menstruated. Their ages were sixteen, eighteen, and twenty-six years. No trace of uterus or ovaries could be felt. Dr. Phillips reported the cases of two sisters. Dr. Rogers had examined three similarly affected subjects. The general opinion prevailed that the ovaries existed in all such cases (although they could not be felt), as there were the marks of womanhood in the general tastes and feelings of the cases, contour of body, and sexual desires.

Many instances are upon record of this peculiar malformation affecting two or more members of the same family, as there are also of other sexual deformities, such as hypospadias, etc.— *Western Lancet.*

Book Reviews.

Contributions to Practical Surgery. By Geo. W. Norris, M.D., Late Surgeon to Penn. Hospital, etc., etc. Philadelphia: Lindsay & Blakiston. 1873. For sale by Jansen, McClurg & Co., Chicago.

This work is an octavo of 318 pages, and consists of a series of monographs, mainly on fractures, amputation, and the ligation of arteries. The chief value of the work is in the large number of new cases and facts brought out. In arranging these, the writer has produced a number of statistical tables, which will be of great value to the world for a long period.

Surgical statistics are still in their feeble infancy. Many eminent men affect to despise them on account of the worthless character of some of the first efforts in that direction; but if it is true that figures illy digested do often lie, the same is the case with conclusions not based on figures. The truth is this: statistics are no substitute for common reason, nor common reason for statistics. We want the figures to inform us of past facts; and by common sense we decide what bearing those facts have on the present and the future; hence, every collection of surgical facts properly prepared, furnishes food for thought and basis for progress.

But statistics, to be of value, must be properly prepared. Those which our author gives are from the records of Pennsylvania Hospital. If correctly drawn up, that is, if they honestly represent all the cases of the kinds tabulated occurring in the Hospital, they are of great and permanent value, for they are surgical facts, fairly stated; but the same cannot be said of the tables collated from cases found scattered in medical books and journals. There is a fallacy here. On the average, a man who has ligated a carotid artery, for instance, and cured the patient, feels much more like publishing the case than one who has done the same operation and lost a life. The latter feels depressed and gloomy, and, as a general rule, not inclined to print his disaster; hence the journals contain a preponderance of the successful cases. Now, if one looks over the files, and gathers into a table these scattered operations, he will get far too much rose-color in his picture. The fatal cases are not visible; and his table is almost utterly worthless for determining the mortality. One imperative law of useful statistics is this: The facts taken for tabulation must be in groups which contain the success and failures in impartial proportion.

On the whole, Dr. Norris' book is a decidedly valuable contribution to our literature, and will be useful for a long time to come. E. A.

Chemical Electro-Therapeutics, Medical and Surgical; a Handbook for Physicians in the Treatment of Nervous and other Diseases. By Allan McLane Hamilton, M.D. New York: D. Appleton & Co. W. B. Keen & Cooke, Chicago.

In this little volume of 187 pages the author claims merely to have formed a compilation of well-tried measures and reported cases, without attempting to enter into any detailed descriptions of the diseases alluded to. The first third of the work is devoted to a general consideration of Electrical phenomena and Electro-Therapeutics. In the next three chapters, under the heading of Special Electro-Therapeutics, the application of electricity in the different varieties of paralysis hyperæsthesia convulsive diseases, etc., are considered. Chapters on Electrolysis and Galvano-Causty, with an appendix on the management of Batteries, close the volume.

The Cerebral Convolutions of Man, represented according to original observations, especially upon the Development of the Fœtus. Intended for the use of Physicians. By Alexander Ecker, Professor of Anatomy at the University of Freiburg, Baden. Translated by Robert T. Edes, M.D. New-York: D. Appleton & Co. Jansen, McClurg & Co., Chicago. 8vo., 86 pp.

Original Communications.

AN ESSAY ON THE PATHOLOGY AND TREATMENT OF CANCER.

BY N. SENN, M.D., ASHFORD, WISCONSIN. READ BEFORE THE ROCK RIVER MEDICAL SOCIETY, AND PUBLISHED BY REQUEST.

(*Continued from last Number.*)

The varieties of cancer may be arranged in the following groups, according to the proportions of their anatomical constituents:

1. Epithelial.
2. Scirrhus.
3. Encephaloid.
4. Colloid.
5. Melanotic.

1. The epithelial variety is not included by all authors under the head of cancer, on account of its supposed semi-malignancy. Siebert applied to it the name of cancroid. Its lesser fatality and liability to reproduction after extirpation consists in its more superficial location, and, as a rule, its earlier submittance to a thorough operation.

If left to itself, it eventually destroys life as certainly as any other variety. It consists almost exclusively of cells; hence it never forms tumors of any size. It ulcerates early, and destroys the tissues around it with remarkable rapidity.

We find it on the surface of the skin or mucous membranes.

2. Scirrhus, as its name implies, consists of a tumor of cartilaginous density, owing to the predominance of the fibrous stroma over the cellular elements.

Its most favorable location is the female breast. It seldom affects a young person, being more particularly a disease of the period of involution.

3. Encephaloid cancer is very vascular, and of rapid growth. It is composed of a delicate stroma and numerous large cells.

It attacks, most frequently, the eye and antrum. As a rule, young persons are more subject to it than to scirrhus.

4. Colloid, or alveoler, cancer is composed of a very delicate network of fibrous tissue, enclosing enormous round or cellular cells, and a peculiar gelatinous, amorphous material so characteristic of this variety of cancer.

It is of very rare occurrence, and seldom forms distinct tumors, but more frequently is diffused over the surface which it affects.

5. The principal feature of melanotic cancer is the deposition of pigment molecules in its substance, giving it a brown or black color. It occurs in many localities simultaneously, is very malignant, and, happily, seldom met with.

Artiology.—The essential cause of cancer is still unknown. Many suggestions have been made, and numerous theories advanced, but they have all failed to establish their correctness by a sufficient number of facts. The humeral pathologists sought for the cause in an impure morbid condition of the blood, regarding the local disease merely as an effect. This doctrine meets the approval of many, even to-day. Scientific researches into the minute pathological and histological processes tend more and more to prove that its origin is local, the general condition following as a secondary result. The following facts tend strongly to substantiate the local theory: 1. Cancer affects persons of apparently robust health, who may remain so frequently for years, showing constitutional symptoms only after the local disease has made considerable advance. 2. As a rule, only one primary tumor is present. 3. The secondary deposits usually occur in proximity of the primary tumor, in the lymphatic glands connected with it.

If the local disease were only symptomatic, the constitutional disturbance ought, necessarily, always to precede it; and more likely, a number of deposits would take place simultaneously in different parts of the body.

C. J. M. Langenbeck* believes that the syphilitic dyscrasia stands in a direct causative relation to cancer. Notwithstanding this eminent authority, I should hesitate to accept his views, as in the majority of cases that I have seen this element could be safely excluded.

The believers in the constitutional origin

* Langenbeck's Chirurgie Band, v. Seite, 793.

mention its hereditary tendency as one of their principal arguments in its favor. In quite a number of cases, the hereditary tendency is obvious; but the same can be said of congenital deformities, mental peculiarities, and non-malignant tumors. Age exercises a positive influence in determining the frequency with which it occurs; while no age, even the fœtus in utero, is exempt. It manifests a preference for the period of involution —after the thirty-fifth or fortieth year.

Occupation may act as a predisposing cause. It is a fact well-established that chimney-sweeps are prone to suffer from epithelial cancer of the scrotum, the accumulation of soot in its folds being a constant source of irritation. Long-continued irritants of any kind, as mechanical, chemical, or pathological, under certain circumstances, may so alter the vitality of the parts on which they act as to establish a carcinomatous process.

Waldeyer claims that certain simple tumors may, under favorable circumstances, assume a malignant character, leading rapidly to local destruction and general infection.

Climate and the geological conformation of the surface appear to exercise some influence in the causation of cancer. They deserve to be studied with more care than heretofore, to determine their exact influence.

Depressing mental emotions are mentioned by most authors as indirect causes; but their influence in causing other affections is equally well established. In former times, direct inoculation was believed to be possible. The experiments of Dupuytren, Birtt, and Alibert, yielded only negative results.

B. V. Langenbeck claims to have produced cancer in the lungs of animals, into whose veins he had injected fresh cancer juice.

The frequency of cancer appears to increase with the advance of civilization.

Diagnosis.—In the different diagnosis of cancer, we have to consider non-malignant and other malignant neoplastic tumors. At a time when cancer ought to be recognized for its successful treatment, it is extremely difficult to do so. In general practice, a positive diagnosis is usually made only after the tumor has progressed to extensive infiltrations, and so, by its clinical course, has plainly demonstrated its dangerous character. The history of the case, the physical properties of the tumor, and the microscopical appearance of its cellular elements, should all be examined carefully, to enable us to make an early and correct diagnosis. To consider the differential diagnosis between all benign tumors and the different varieties of cancer, in detail, would be superfluous. We will only briefly refer to sarcoma, which, in malignancy, forms the counterpart of cancer. We shall succeed best if we compare them in tabular form:

CANCER.	SARCOMA.
1. Tumor never attains a very large volume; it is irregular in shape, and firmly attached to surrounding parts.	Tumor sometimes very large; regular in shape; movable; and showing no disposition to usurp the space of other organs.
2. Tumor undergoes early destructive charges by degeneration or gangrene.	Tumor retains its vitality for a long time, on account of its more favorable vascular supply.
3. Structure composed of a stroma, epithelial cells, and an inter-cellular substance.	Structure more homogeneous, being composed mainly of connective tissue cells.
4. Metastatic deposits occur generally in the course of lymphatic vessels.	Metastatic deposits, almost without exception, follow the course of the blood-vessels.

They resemble each other in producing general symptoms, and in their liability to return after extirpation.

Prognosis.—The prognosis of cancer is, in the majority of cases, a grave one, from the fact that, generally, when we are called upon to treat it, it has so extensively infiltrated the neighboring tissues as to render its perfect removal difficult, if not impossible. The least dangerous form is the epithelial variety. A fatal termination is hastened if the disease is located in some of the vital organs, if its growth is rapid, and if it affects young individuals. It may prove fatal in six months, or may extend over a period of ten, or even twenty, years, as in some rare cases of epithelial cancer or scirrhus of the breast.

The average duration may be estimated at three years. With many patients it would be advisable to keep them in ignorance as long as possible as to the true character of their disease, in order to prevent those mental

depresions which follow such a knowledge, and necessarily hasten the final termination.

Treatment.—It would be very natural to expect that, in the treatment of such an obstinate disease, almost every known remedy should have had a trial. The honest physician has administered his remedies with a consciousness of uncertainty as to their ultimate effects, and has almost invariably been disappointed; while the charlatan, with positive assurances of success, has found ample opportunity to deceive the pitiable victims of this terrible disease. The remarks of Artius, following his graphic description of uterine cancer, prove, even to-day, only too true: "*Proinde affectio harc incurabilis est, velut etiam Hippocrates prommciavit: mitigari tamen ac lenivi potest.*"

Various remedies, as mercury, chloride of gold, arsenic, iodine, iron, cicute, belladonna, calendula, cundurango, etc., have been given at different times, with the vain hope to eradicate the supposed cancerous diathesis; but they have all failed in turn to exercise any specific curative effect whatever. Mercury was one of the main ingredients of the famous Decoctrino Zittmanni, once so much in use among the older German physicians for all constitutional diseases.

Rush had an unflinching confidence in the efficacy of arsenic as a remedy for cancer, given internally and applied externally. He claimed that it was as much a specific for cancer as mercury for syphilis.

Dr. Washington Atlee, of Philadelphia, at the last meeting of the American Medical Association, in St. Louis, stated that arsenic, if given for a long time, positively prevents the return of cancer, after a thorough operation for its removal.

Prof. N. S. Davis, of Chicago, has seen good results from the long continued use of arsenic in cancers of the breast. He generally combines conium with the arsenic. With the history of cundurango you are all familiar; that it is one of the great humbugs of the past, we are all satisfied. The fact is, we are not in possession of a single known remedy, if administered internally, that will exert the least effect in arresting the progress of this disease; and if our views of its pathology will be found to be correct, it is doubtful whether we *shall* ever be fortunate enough to find one.

If it is in its incipiency a local disease, we must naturally resort to local means for its successful extermination. For it is here we meet the enemy face to face—that cruel one, before whom so many thousands have died a tenfold death.

The local treatment may be divided as follows:

1. Palliative.
2. Refrigeration.
3. Starvation.
4. Pressure.
5. Injections.
6. Caustics.
7. Excision.

1. The palliative treatment is to be resorted to if the disease is located in an organ that will not admit of removal without immediate danger to life; also, if the disease has advanced beyond the reach of the knife; or if it is complicated with another disease fatal in its tendency.

It consists in keeping the part affected at rest; the removal of any accidental inflammation, or any source of irritation; subduing pain, and the use of disinfectants, to correct the fœtor of the discharges.

As local anæsthetics, conium, stramonium belladonna, opium, and carbolic acid, have been used.

If the skin remains intact, a plaster may be used with great advantage, into which conium, stramonium, or belladonna, enter largely. If ulceration has already occurred, a combination of morphine with carbolic acid, glycerine and water will be found the most beneficial. As disinfectants merely, a weak solution of carbolic acid, permanganate of potassa, or chloride of lime, may be used.

An ointment, made by boiling the leaves of stramonium in lard, is recommended very highly by Prof. N. S. Davis, of Chicago.

2. The application of intense cold was first introduced into practice by Dr. James Arnott. He used a mixture of common salt and ice,

applied for five or six minutes at a time, and repeated frequently during the day.

He claimed for it both palliative and curative properties. While it temporarily removed pain, the author himself confesses that the disease generally progresses to its final fatal termination.

3. To arrest the vigorous development of the tumor, both general and local means have been resorted to to diminish its nutritive supply.

The general treatment consisted in withholding nutritious food, limiting the patients to the plainest articles of diet.

This starvation cure was practiced extensively by the older German physicians; but on the whole, I believe it yielded very unfavorable results, and has consequently been almost entirely abandoned.

Local starvation consists in cutting off the blood supply to the parts by ligating its nutrical arteries.

Dr. Markoe * reports several cases of malignant disease of the superior maxillary bones, where decided improvement followed ligation of the carotid artery.

Where the removal of the whole tumor is impossible, this operation in exceptional cases is advisable and practical. As a curative means, it of course cannot be relied upon.

4. Compression by means of adhesive plaster and bandages was first used by Young, in the Middlesex Hospital, more than forty years ago. The practice was afterwards revived by Racemier, in France, and Arnott, in England. Arnott used an elastic air-cushion, in order to equalize the pressure more perfectly. In different hands it has met with varying results, but on the whole it has failed to fulfill the expectations of its most earnest advocates, even in the hands of the most experienced. If pressure would have the effect to cause a retrograde degeneration, rendering the neoplastic deposit capable of absorption, it would be the great desideratum in the treatment of cancer; but it is doubtful whether such a favorable result was ever obtained; on the contrary, I believe, in the majority of cases, by adding another source of irritation, it accelerates the growth of the tumor.

5. The fact that acetic acid destroyed the nuclei of the cancer-cells, induced Mr. Brodbrent to apply it in practice. With a hypodermic syringe he injected dilute acetic acid into the interior of a tumor, repeating the operation at intervals, until the whole mass had sloughed away, leaving a clean, granulating surface. It is left for the reader to come to his own conclusions whether it ultimately healed.

Dr. Charles H. Moore,* in his remarks on the use of acetic acid, condemns its use in primary cancer, but favors its use in secondary tumors.

Dr. Dieu has derived much benefit from the local use of strong acetic acid to epithelial cancers of the face.

The great objections to the hypodermic use of any remedy will always be: 1st. To limit its action to the cancer cells without affecting the healthy structures; 2d. The impossibility by this means to reach every cell in the tumor.

6. Those that have regarded cancer as a local disease, have, from times immemorial, sought for remedies to effect its destruction. Almost every substance capable of destroying the tissues has been used. The chief articles, however, have been the following: arsenic, chloride of zinc, caustic potassa, chloride of bromine, and the red, hot iron.

Prof. Rust recommends, in strong terms, the application of arsenic, according to the formulæ of Frere Cosme:

℞.—Arsenici albi, ℈ ii.
Cinnabaris artefacte, ʒ ii.
Sanguinis draconis, grs. xii.
Cineris solearum calceamentorum, grs. viii.
M. ft. pulv.

He claims that the *combination* constitutes its power; by leaving out any of its ingredients he has found, by actual experience, its efficacy impaired. †

Dupuytren found caustic potassa, equally

* Markoe on Diseases of the Bones, p. 395 et sequi.

* Bright, on Cancer, p. 82.

† Rust's Clinical Lectures, p. 415.

efficacious with arsenic in destroying superficial cancers.

Dr. Bright, in his recent little work "On Cancer," recommends chloride of zinc as the best caustic.

He has four preparations: No. 1 consists of solid extract podophyllum, one part; pure chloride zinc, three parts; starch, one-fourth part; red saunders, one-fourth part; water, sufficient quantity to form a thick paste. No. 2 consists of a saturated aqueous solution of chloride of zinc. No. 3 is a paste, like No. 1, with the exception of using carbolic acid in the place of water. No. 4 is simply an arrow made of pure chloride of zinc, with starch, and dried at a temperature of 212° F. Armed with these remedies he claims to have *cured* 90 per cent. of cancer. Such an assertion must be regarded with suspicion as long as the most eminent authorities speak of it as "*a disease that never forgives*,"

I do not doubt the authors sincerity, but the correctness of his diagnosis.

In looking over carefully his reported cases, it becomes apparent that many of them, according to his own description, were not cancer, but lupas; in another part of his work he says that lupus and cancer are one and the same disease. This explains his many wonderful cures.

I will not attempt to give a review of his work; suffice it to say, that his pathological views of the disease are fifty years behind the time; and the description of his treatment, with the report of cases, sounds, to say the least, egotistical. Pulling out a cancer by its roots, without destroying any of the surrounding healthy tissues, after applying any caustic, is not compatible with the scientific status of the nineteenth century.

Dr. Landolfi, an Italian physician of great reputation, employed a mixture of equal parts of chloride of bromine, zinc, gold, and antimony, mixed with a sufficient quantity of flour to form a viscid paste. He also administered the chloride of bromine internally, in doses of one-tenth of a grain; and applied a wash of the same of ten to twenty drops to a pint of water. His bold applications, repeated over and over, resulted, in many instances, in a cure; but that it failed in the hands of most of them that tried it after him, is certain, from the fact that, at present, it is but seldom, if ever resorted to.

Of all the caustics, the red-hot iron is the oldest and perhaps the most reliable, when the location of the disease renders it at all admissible. The method of application has of late been much improved by the introduction of the galvanic cautery. With the galvano-caustic wire, the morbid mass is removed, as with a knife, without any hæmorrhage. Its only disadvantage consists in the establishment of an eschar, rendering primary union impossible.

7. The knife is one of the oldest remedies. Men of science have ever been its most devoted friends. Quacks have universally condemned its use, and done most towards creating the existing popular prejudice against its legitimate employment.

This is very natural, as its use requires an accurate anatomical knowledge of the parts to be operated upon, while the application of caustics is a bloodless procedure, and on that account eagerly sought after by ignorant pretenders.

The all-important local indication to be fulfiled consists in removing, if possible, *every particle* of diseased structure. We are at present not in possession of a single caustic that has a specific destructive action on the cancer-cell. All destroy the tissues with which they come in contact, without regard to their structure.

I claim for the knife the following advantages: 1st. With it any desirable amount of tissues can be removed at once. 2d. It leaves the wound in a condition to heal by the first intention, without necessarily exciting suppurative inflammation. 3d. The operation is free from pain, as the patient may be put under the influence of an anæsthetic. 4th. If the tumor involves any large vessels, the hæmorrhage can be immediately arrested, while under such circumstances, the application of caustics is liable to be followed by troublesome or even fatal hæmorrhage after the separation of the slough. The cause of failure, in the majority of cases, consists in

not removing all of the neoplastic deposits during the operation. It is a very deceptive growth, infiltrating itself further than is generally supposed, gaining at the same time early entrance into the lymphatic vessels.

The one and great rule, then, always should be to operate early and thoroughly. The line of incision should extend beyond the limits of the disease into the apparently healthy tissues, and, if possible, in the direction of the course of the lymphatic vessels. If only part of an organ is affected, it should be removed entire. Great care should be exercised, during and after the operation, not to inoculate the surface of the wound with cancer-cells. It would be advisable to wash its surface with a solution of carbolic acid, to destroy any remaining germs, if any doubt exists as to their existence, before closing the wound. If possible, the wound should be healed by the first intention. Any means to establish suppuration, for the purpose of destroying any remaining portions of the tumor, should not be resorted to, as the irritation necessarily excited by them could not fail to hasten a return of the morbid process.

The following may be regarded as indications for an operation:

1. If all the diseased tissues can be removed without any immediate danger to life, and no secondary symptoms have appeared, or no internal deposits taken place. This includes those cases where lymphatic deposits have taken place, but are accessible to the knife.

2. If the pressure caused by the tumor compromises the function of important organs, as the larynx, trachea or vagus nerve.

3. In some cases, as a palliative to remove temporarily pain, or a sloughing offensive gangrenous mass.

4. When, recurring hæmorrhages endanger the patients life, and ligating the principal arterial trunk is insufficient to arrest it.

Contra-indications are secondary internal deposits; too great debility; extreme old age; and the co-existence of other fatal diseases.

That metastatic deposits in internal organs are more apt to follow an operation, than if the disease is not interfered with, experience has not established. In most of the cases, the recurrence takes place in, or about, the old cicatrix, and is owing to an imperfect removal of the disease at the time of operation.

CONCLUSIONS.

1. Cancer is an atypical epithelial neoplasma.

2. It is primarily a local disease.

3. In its earliest stages it is amenable to local treatment, and becomes incurable after the system becomes infected.

4. An early and thorough excision affords the most reliable means to remove the parts affected and prevent constistutional contamination.

AN IRREDUCIBLE HERNIA CONTAINING A BONE.

CASE REPORTED TO THE WAPELLO COUNTY, IOWA, MEDICAL SOCIETY, BY A. C. OLNEY, M.D., CHILLICOTHE, IOWA.

July, 20th, 1873, 11 o'clock, A.M., in company with Dr. Hyatt, of Chillicothe, visited S. C—, a farmer, aged 75 years, suffering from an irreducible oblique inguinal hernia of the right side.

The history of the case is as follows, as we learned it from himself and his family: He had been troubled with this hernia about eight years, and up to Thursday, the 17th of July, had experienced but little inconvenience in reducing it. On that day, he had been working in the harvest field, and on going to a well of water near by he drank freely, whereupon he immediately discovered that a portion of the bowel had come down, and that the hernial sac was larger than common; and all efforts on the part of the old gentleman to reduce it, failed; and the ordinary manipulations in reducing the hernia producing great pain, he desisted for the time. He however resumed his efforts at reduction, from time to time, with the same result, until these attempts became so painful that he was obliged to desist altogether.

The second day after this trouble commenced, he took some cathartic pills, and becoming very sick, vomitted. From this time forward, three or four times in the twenty-

four hours, he was troubled with stercoraceous vomiting.

Dr. Hyatt first saw him on Saturday, the 19th, about 7 o'clock, P. M. At this time the parts about the hernial sac were inflamed, swollen, and tender to the touch. The Doctor made no attempt to reduce the hernia at this time; having applied cloths wet in cold water to the inflamed parts, and administering a dose of morphine, he left him for the night. As said before, we saw him together on the morning of the 20th. At this time the patient was placed on a lounge, and put under the influence of chloroform. Dr. Hyatt then examined the hernial sac, and discovered something unusual in its contents, and also made gentle attemps to reduce the hernia by the taxis. The Doctor directed my attention to this foreign body, which I could distinctly feel above Poupart's ligament, and near the femoral ring. And here, it is worthy of remark, was the most protuberant part of the inflamed surface, making it appear like an ordinary *femoral hernia.* For considerations I will not now mention, we concluded not to operate, and let the patient come out from the influence of chloroform. We ordered an enema of warm water, prescribed a few powders of morphine, and then left him.

July (Monday) 21st, 6 o'clock, A.M., the patient *died.* Same day, 4 o'clock, P. M., ten hours after death, assisted by Dr. Hyatt, made a post mortem examination. Rigor mortis well marked. Made an incision through the integuments over the most prominent part of the tumor, parallel with the median line, about three inches in length. Then dissecting down carefully upon Poupart's ligament, and in the direction of the femoral ring, we came in contact with the smaller end of the bone here represented (full size). Pushing aside the

integuments, the superficial fascia, intercolumnar fascia, cremaster muscle, and transversalis fascia (these being agglutinated together by inflammation), exposed the peritoneal sac. About one half of the smaller end of this bone was protuding from the sac. The bone was lying above Poupart's ligament, and pointing in the direction of the femoral ring. We then cut into the peritoneal sac, disengaged the bone from the bowel, which was then readily reduced. The bowel was not strangulated, but rendered irreducible by being pierced or transfixed, and held in position by the bone. There was considerable peritonitis; the bowel was but little inflamed. But in the neighborhood of the femoral ring, to the right of the hernial sac, were considerable inflammation, serous infiltration, discoloration of the skin, and swelling.

In addition to the report of the case as above given, we will offer a few remarks:

1st. At the time this accident happened, and for some time previous, this old man had enjoyed good health for one of his age, and would perhaps have lived some years longer, had not this accident occurred.

2d. Mr. C. had been in the habit of wearing a truss, but on the morning of the 17th had neglected to put it on, as was his custom, hence the accident, which we have just narrated, verifying the precept that no one, who has a hernia, however small and inconsiderable, is safe, without wearing a suitable truss.

3d. Had the patient been seen by a careful and experienced surgeon early, before the bone had transfixed the bowel and peritoneal sac, and the surgeon had correctly diagnosed the case, he might have operated successfully by reducing the bowel, with the bone retained, and thus the patient's life might have been saved; but any time after the bone had pierced, the intestine and hernial sac, an operation would not have promised any prospect of success.

4th. Under the head of "Obstructed Irreducible Hernia," Samuel D. Gross, in his *Principles and Practice of Surgery*, Vol. II., page 521, mentions the accumulation and impaction of fecal matter and flatus as the cause. But our case does not come under this head exactly, nor are we aware that any similar case has been reported. [We do not, however, here in a country village, have access to extensive libraries.] Our case is a strange and anomalous one, and, as in all cases of

difficulty, our practice should be governed by circumstances.

With regard to the duties of the surgeon in cases of irreducible and strangulated hernia, we will refer to Erichsen's, and Gross' *Principles and Practice of Surgery;* and also to Clinical Lectures on Strangulated Hernia, delivered at St. Bartholomew's Hospital, England, and published in the *Medical News and Library*, for September, October, November and December, 1872.

A CASE OF MEMBRANEOUS CROUP RELIEVED BY TRACHEOTOMY.

BY H. COAKLEY, M.D., MANITOWOC, WIS.

On the 4th I was called to see a boy who, as his father stated, was complaining of a bad cold, which he had taken some seven days before, and had been getting worse gradually ever since. This being in the evening, and not having time to go and see him then, I gave medicine as indicated by symptoms as stated by the father, promising to call next morning.

5th.—Called to see him, and found to my surprise that he was suffering from membraneous croup (the symptoms and history as given by the mother readily confirmed). I made a pharyngeal examination, and found the throat in a healthy state; and, not having the proper instruments at hand, was obliged to forego an examination of the larynx, to which the symptoms pointed as the seat of the trouble. The symptoms were so bad that I had but little hope of being able to accomplish any good by the ordinary course of treatment. However, I prescribed the ordinary treatment as advised by Profs. Flint, Davis, and Hartshorn; but the agent that I had ordered and directed to have been used, and in which I had the most confidence, viz.: the inhalation of the steam from pouring water on fresh lime, was not used at all, as they stated the boy (five years old) could not live under such treatment. Called next morning, 6th, and found him alive, and that was about all. Told the parents, in my judgment, he could not last many hours, and the only hope was in an operation. Called in Drs. Ritchard and Simons, who agreed with me, and advised an operation; so, with the consent of the parents, I began the operation without the use of an anæsthetic, as we thought his low state would not permit of it. Having made the necessary opening down to the trachea with but little hæmorrhage, although I met with a troublesome plexus of veins (middle thyroid artery ligated), one of which had to ligate, and washing until all bleeding had stopped, made an opening of about three-quarters of an inch in the trachea with prompt relief to the patient. In absence of silver tube, used large-sized catheter (silver), but its presence produced so much irritation that I was obliged to take it out. There was much plastic deposit thrown out, one part of which measured nearly six inches. Although the struggles of the child made the cutting very tedious, I found the most trouble was before me, viz.: to keep the wound open. Having nothing better at hand, I took a long, slender ear forceps and connected that, the spring of which was strong enough to keep the edges of the wound apart, and not only that, but I found it very convenient to draw out the plastic matter as it presented at the opening. As an antiseptic, I used the carbolized spray, which appeared to answer all requirements. I would say that I tried the silver wire to keep the edges of the tracheal wound apart, but the force of coughing tore them out. In connection with the local treatment I gave calomel, pot nit., and, after the inflammatory stage was passed, tonics, with beef essence and all the milk he would drink. Kept a thin gauze over the wound. Sixth day withdrew the forceps, and by the ninth or tenth the wound was closed by granulation, and discharged but very little.

SUBCUTANEOUS INJECTIONS.—Dr. Constantin Paul recommends glycerin as a dissolvent for subcutaneous injections. He considers it to be far superior to water, alcohol, etc.; it is neutral, can be kept easily, and is, of all liquids, the one which approaches the nearest to the composition of subcutaneous cellular tissue.—*Lancet*, Aug. 2, 1873.

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EDITORIAL.

THE SPREAD OF TYPHOID FEVER IN LONDON BY THE MILK-SUPPLY.

The *British Medical Journal*, of Sept. 6th, contains an extended account of the recent alarming outbreak of Typhoid Fever in London, and the seeming connection which has been traced between its spread and the supply of milk from a certain dairy.

According to an editorial in the *Philadelphia Medical Times*, Dr. Murchison, lately in charge of the Fever Hospital, and famous the world over for his work on Continued Fever, was the first to suspect the milk-supply as a source of contagion.

"Several cases occurred in the household of Dr. Murchison. Feeling confidence in the sanitary arrangements of his dwelling, he was led to suspect some extramural cause, and instituted inquiries among several of his medical friends in the neighborhood, in whose families there were cases of typhoid fever. He found that in every instance the milk-supply, which he already regarded as the possible source of infection, was the same as that of his own household. He at once communicated with the medical officer of the parish; the milk company were summoned to suspend the sale of milk from their dairy, and a commission of inquiry appointed. It was found that of the eight farms with which the company contracted for the supply of milk, seven presented no probability of enteric contamination, but that to the eighth the most suspicious circumstances attached. The farmer, a strong middle-aged man, believed by his medical attendant to be suffering from a "fatty heart," was taken ill with indefinite symptoms about the second week in May. A fortnight later a consulting physician declared his case to be one of typhoid fever. His opinion was, however, disregarded, and the man was allowed to remain out of bed and walk about whenever he felt able to do so. For the first few days in June he had a copious diarrhœa, with putrid and bloody discharges; this was followed by constipation, for which a dose of castor oil was given.

"On June 8, as he was being lifted from his bed, he died. On account of the suddenness of his death, the doubt about the original diagnosis, and the fact that he seemed to have recovered from his recent illness, his medical attendant entered as the cause of death "heart-disease;" but fatal collapse is certainly of not unfrequent occurrence in typhoid fever, and the circumstance rather confirms than discredits that diagnosis.

"The only privy on the premises was at the upper part of the yard, the bottom of its pit being two or three feet above the level of the well from which drinking-water was obtained, and the ground affording opportunity for free drainage.

"At the time of the investigation the son of the farmer had just been taken sick with typhoid fever. It was also found that there had been an epidemic of the same disease in some neighboring villages.

"It seems that the milk company, being a corporation, and therefore soulless, objected very strongly to their business being interrupted, asking for proof that the typhoid-fever poison was in the milk, although they had been assured that out of the thirty-seven families stricken with the fever, thirty-five were supplied with their milk. They wanted, forsooth, this mysterious entity—the typh-poison—this thing that eye hath not seen, precipitated from their milk, weighed, analyzed, and delivered in sealed packages at their office, so that they might put it into the hands of a chemist to have its identity proven!

"Even the medical health officer of the parish tried to interfere, but to no avail; and finally the sale of the poison was only checked after some days of discussion, when apparently public opinion and the fear of future damages to be judicially awarded induced this most worthy body corporate to investigate the matter.

"The following extract from a letter of Dr. Murchison will show the evidence relied on by him and Dr. Jenner as demonstrating the origin of the disease:

"'Out of sixty families (placed under the same conditions as to drainage, etc., as their neighbors) of the better class, already known to us, in which enteric fever has appeared within the last month, all but one have used your milk.

"'In certain families not supplied by your

company, individuals have been attacked with enteric fever who have accidentally partaken of your milk; and then these individuals have been the only members of the family who have suffered.

"'An unusually large proportion of the patients have been young children who consume much milk. In certain families, children who drank water, but not milk from your dairy, have remained exempt; while the children who drank Dairy Reform milk have suffered; and of the adults who have taken the fever, most have been milk-drinkers.'"

Opening of the Schools.—The three regular Medical Colleges in this city opened their annual courses of instruction during the first week of the present month. The general introductory lecture in the Rush Medical College was given on the evening of the 1st of October; that in the Chicago Medical College, by Prof. Davis, on the evening of the 6th; and in the Woman's Hospital Medical College, by Prof. A. Fisher, on the evening of the 7th instant. We have not learned the number in attendance, in any, except the Chicago Medical College, which is the Medical Department of the North-Western University. In this, as in all the other departments of the University, the number of students in attendance, at the commencement of this term, is very much larger than in any previous year. The schools, hospitals and dispensaries of Chicago, at the present time, afford as complete and abundant facilities for education, in every department of medicine, as those of any city on this continent.

Rock River Medical Society.—The next meeting of Rock River Medical Society (Wis.) will be held at the Rock River House, in Theresa, Saturday, Nov. 1, 1873, at 10 o'clock A.M. Subject for discussion: "The Causes, Symptoms, Pathology, and Treatment of Flexions of the Uterus." Essayist, Dr. William J. Burns. All physicians of the surrounding counties, in good standing, are cordially invited to attend.

N. SENN, M.D., *Secretary.*

Errata.—In Dr. Senn's essay on Cancer, in No. 19 of The Examiner, the following typographical errors occur: Page 217, first column, read Aritus instead of "Aretius"; further on, Lebert for "Sebert." Page 218, first column, neoplasma for "neoplusura," definition for "definitions," epithelium for "epithelism." Page 219, first column, nutrient for "nutrical;" second column, endogenous for "indigenous." Page 220, first column, fatty for "full;" second column, nutrition for "situation;" twenty-eight line from top, His for "He."

Hospital Reports.

SURGICAL WARDS COOK COUNTY HOSPITAL.

A CASE OF GUN-SHOT WOUND OF THE HEAD. SERVICE OF PROF. E. POWELL. REPORTED BY D. A. K. STEELE, M.D., HOUSE SURGEON.

Sept. 13th, 1873.—C. B——, aged 17; bar-tender; native of Germany; was admitted to hospital, with gun-shot wound of head, received in a saloon affray about two hours previous to admission. On examination, find a gun-shot wound of forehead, one and a half inches above the left eyebrow, penetrating frontal bone and lodging in brain substance. The ball appears to have entered in an oblique direction, passing across into right hemisphere of brain. Patient very restless, and apparently suffering a good deal; is conscious most of the time; pupils dilated; pulse 60, and weak; respiration slow and labored. Gave morphia sulph., gr. one-third, hypodermically, and applied cold compress to wound.

Sept. 14th, 9 A.M.—Pulse 56. Patient restless all night; semi-conscious this morning. 8 P.M.—Pulse 58; is more rational; vomited a considerable amount of dark, bilious matter during the day. Ordered bland, nutritious diet at regular intervals—milk, beef-tea, etc.

Sept. 15th.—Bowels not having moved, ordered the following:

℞.—Hydrarg. chlor. mit., gr. x.
Soda bicarb., ℈j.
Misce. Fiat chart. ij.
Signa. To be taken two hours apart.

Sept. 16th.—Pulse 60; had a free movements of the bowels; feels better.

Sept. 17th. — Pulse 58; two stools to-day; complains of general pain in the head; also, fullness; says: "head feels like bursting." Ordered the following mixture, to relieve pain:

℞.—Potass. brom., ʒ vi.
Quiniæ sulph., gr. xxiv.
Syrupi.
Aquæ, aa. f. ℥ ij.
Misce.

Signa. Tablespoonful every four hours.

Sept. 18th. — Pulse 62; slight purulent discharge from wound. Removed several small pieces of bone that were lying loose in the comminuted opening of skull.

Sept. 19th. — Pulse 60; respiration 18; temperature 98; much improved; mind quite clear; conversed rationally on a variety of topics; appetite better; took a little solid food, for the first time since the injury.

Sept. 20th, 9 A.M.—Pulse 64; temperature 97. Removed depressed piece of bone lying on dura mater, about one-half inch in diameter, and three small pieces of the bullet, weighing four grains, that had been torn off the bullet in its passage through the skull. 8 P.M. — Pulse 58; urine contains a large quantity of phosphatic deposits.

Sept. 21st, A.M. — Pulse 64; patient sat up a short time. P.M. — Pulse 56; pupils normal.

Sept. 22d, A.M. — Pulse 64; quite cheerful; says he will soon go home. P.M. — Pulse 60.

Sept. 23d, A.M.—Pulse 62; extremities cold. P.M. — Pulse 60; complains of intense pain in right occipital region. Gave morphia sulph., gr. one-third, in addition to the bromide of potash mixture.

Sept. 24th, A.M.—Pulse 64; respiration 16; temperature 96; was delirious all night; pupils dilated; extremities cold; tongue thickly coated white; no appetite; great thirst. P.M. — Pulse 60; bowels moved to-day.

Sept. 25th—Pulse 64; rational; pain in occiput.

Sept. 26th, A.M. — Pulse 80; respiration 20; temperature 97; unable to swallow; paralysis of pharyngeal muscles and bladder; breathing slow and stertorous; trachæ obstructed by purulent sputa; died at 6 P.M.

Autopsy eighteen hours after death.—Scalp over vertex ecchymosed. Gun-shot wound of head: ball entered one and a half inches above left eyebrow; orifice through frontal bone about half an inch in diameter (not stellated); at lower and external border of orifice there was an oblong, slightly depressed piece of bone, about one-fourth by one-half inch in size. Membranes of brain very much congested; the vessels all engorged with dark, venous blood, standing up promptly. No effusions outside of dura mater; considerable effusion beneath it. Ball entered left hemisphere, about half an inch to left of longitudinal fissure, passing, in an oblique direction, backwards across fissure, entering right hemisphere, and continuing its course downwards and backwards, striking skull-wall about an inch above right squamo-parietal suture, and deflecting back into right hemisphere, without lacerating the membranes, or fracturing the table of skull, passed on lodging about center of right hemisphere, one inch from surface of brain. The track traversed by the ball was about five and a half inches in length, and lined by a pyogenic membrane. The brain substance, within a radius of an inch and a half of the track of the ball was very much congested and inflamed. In several places along the track, large clots of blood were found. Left hemisphere was comparatively healthy, and normal in appearance. Considerable effusion in all the ventricles; a few small patches of lymph were found near entrance of ball, and at the point of deflection. Brain was rather soft; all the other organs were in a healthy condition.

CAPILLARY PUNCTURE OF THE PERICARDIUM BY SUBCUTANEOUS ASPIRATION.—In the *Lancet*, for March, 1873, we find a report, by Dr. Chairon, of a case of capillary puncture of the pericardium. The patient was a young soldier, who, at the end of an attack of pleurisy, presented all the symptoms of dropsy of the pericardium. M. Chairon introduced a capillary needle into the pericardial sac, and drew off a large quantity of sero-sanguinolent fluid, which quickly gelatinized. No accident attended the operation, and the following day he found the patient lounging about the passages of the hospital.

Gleanings from Our Exchanges.

ADVANTAGES OF CIRCUMCISION FROM A SURGICAL POINT OF VIEW.

Dr. Cadell read a paper on this subject before the Med. Chirurg. Soc., Edinburgh. He considered it in four aspects: 1. In infancy. 2. In boyhood. 3. In adult life. 4. In old age. He described:

1. The local and constitutional disturbance which may be set up by a long prepuce in infancy, and showed how these might be immediately relieved by circumcision. He read notes of a case, and also referred to those of Mr. Bryant, illustrating the effects of an adherent prepuce on the urinary organs, and the relief obtained by circumcision.

2. In boyhood, he believed that a long prepuce, by imprisoning the secretion from the glans, might be an exciting cause of masturbation; and if there was an hereditary disposition to nervous affections, epilepsy and insanity might be thereby induced.

3. In adult life, circumcision would facilitate cleanliness, diminish the secretion from the glans, so that the great cause of non-venereal excoriation would be removed, and thus render the mucous surface less susceptible to the venereal poison.

4. In old age, he cited Mr. Hey's opinion, that a congenital phimosis was an exciting cause of cancer in the penis.

In conclusion, Dr. Cadell remarked that he would strongly recommend circumcision in boys between infancy and puberty, whenever a congenital phimosis caused them the slightest inconvenience.

Prof. Lister said the cases alluded to by Dr. Cadell, of irritation caused by adherent prepuce, must be admitted to be of great interest. They knew that where adhesion existed there was often an accumulation of secretion, and they could understand that to be a cause of irritation. He should like to have it clearly brought out how far the symptoms in these cases were attributable to that cause, as distinguished from mere length of the prepuce. Though all would allow that cases of phimosis ought to be subjected to operation, it ought to considered whether circumcision was the best that could be done The object could be obtained without mutilation. Mr. Jordan, of Birmingham, has written an interesting paper on the subject, showing that a perfectly natural condition of things might be obtained by the simple means of notching the ring of skin to the requisite extent, and then dividing the mucous membrane up to the *corona glandis*, and, avoiding all use of stitches, simply have the part drawn backwards and forwards twice every day. As regards the question of malignant disease, he might have been unfortunate, but he had now seen a large number of cases of cancer of the penis, not one of which was associated with the phimosis.

Dr. J. Bell said his experience in regard to circumcision was in cases of long standing and perfectly incurable nocturnal enuresis by small children who were in the habit of wetting the bed. In as many as four or five cases he had succeeded in effecting a perfect cure, by simply removing the redundant portion of the prepuce. In one case, a very bad case, a poor little fellow made his water first in the prepuce, which was like an orange at the end, and then he got rid of the water by squeezing it with his hand, the water coming out by a small aperture. That case was in George Watson's Hospital, and it became a question with the managers how to provide the necessary bedding for the boy. The operation performed was very simple, and was a complete cure. He (Dr. Bell) had very little experience of adherent prepuce; cases of adhesion of the prepuce were not so common as those of long prepuce.

Dr. Haliday Douglas said, that several years ago he was waited upon by a gentleman who had been married a few days before, and who had failed to effect connection. He was laboring under a very tight phimosis. He had never experienced any inconvenience during his life of twenty-five or twenty-eight years. He (Dr. Douglas) transferred him to Mr. Syme's hands, and, within twelve months, there were twins born to him. Another curious fact in this gentleman's history was this: In early life his brother had been relieved of phimosis, and three of his children, nephews of the first gentleman, had required to have the operation performed.

Dr. Watson was glad that the conclusion to which Dr. Cadell had arrived was, that where an elongated prepuce was a source of annoyance, it was right to relieve the person by removing it. As regarded the question of the comparative frequency of venereal complaints among persons who had been circumcised and those who had not, he might refer Dr. Cadell to a paper which appeared in the *Medical Times and Gazette*, 1st of December, 1855, by Mr. J. Hutchinson, in which it was shown that at the Metropolitan Free Hospital, situated in the Jews' quarter, in London, in the year 1854, the proportion of Jews to Christians among the out-patients was as *one* to *three*; at the same time, the proportion of cases of syphilis in the former to the latter

was only as *one* to *fifteen*. Yet, that this was not the result of any higher degree of morality on the part of the Jewish population was obvious, because fully one-half of the cases of gonorrhœa occurred in Jews. This preventive influence of circumcision, as regards chancrous infection, led to hereditary syphilis being rarer among the children of Jews than of Christians. . . . . He was surprised that Dr. Cadell did not quote that greatest of all authorities on such matters, viz.: Dr. Ricord, who had said, in one of his published clinical lectures: "The prepuce is an appendix to the genital organs, the object of which I could never divine; instead of being of use, it leads to a great deal of inconvenience; and the Jews have acted kindly in circumcising their children, as it renders them free from one at least of the ills to which flesh is heir. The prepuce is, in fact, a superfluous piece of skin and mucous membrane which serves no other purpose than as a reservoir for the collection of filth, especially when individuals are inattentive to cleanliness." This was very strongly confirmatory of Dr. Cadell's views, though it appeared to Dr. Watson a little extreme.—*Edin. Med. Journal*, Feb. 1873.—*Western Lancet.*

The Easy, Safe and Radical Cure of Varicocele.—The *New York Medical Journal*, April, 1873, contains an article by Dr. J. F. Henstis, upon a new operation for varicocele, practiced by him. The important points are thus summed up:

1. A thorough emptying of the bowels immediately before the operation, so that the patient will not have to leave the recumbent posture for three days.

2. A passing of the wire behind the vein while the patient is standing, the vein being then swollen large, and easily defined and separated from the vas differens, etc.

3. A passing of the wire in front of the vein, with a blunt needle, while the patient is recumbent and the veins empty.

4. The administration of chloroform at the moment of tightening the ligature.

5. The preservation of the recumbent posture for three days, and the removal of the wire from around the vein, then administering chloroform to prevent pain.

6. The using of pure and very flexible silver wire, the leaden button and India rubber spring. The Doctor claims originality for keeping the patient in a recumbent posture, and so the veins empty for three days, a sufficient time to enable the plastic lymph to close the veins permanently.

The revenues of the London hospitals, including insane asylums, amount to £607,141 yearly.

Professional Risks.—We deeply regret to have to record the death of Dr. Pirrie, J. P., Consulting Physician of the Belfast General Hospital. This eminent physician must be counted amongst those who have fallen victims to the danger of professional life. His death was due to a wound by a speculum of bone, which happened to him in performing the operation of craniotomy. Two eminent professional men in London—Mr. Erichsen and Dr. Braxton Hicks—are at this time suffering from severe illness, passing on now, however, happily to cure, arising from wounds incurred in operating. Dr. Pirrie was a man of considerable accomplishment, and great local influence, and his premature death is largely felt and deeply lamented. He died at the age of 45.—*Brit. Med. Jour.*, Aug. 9, 1873.

The Cholera in Vienna.—The *Wiener Med. Presse*, July 6th, writes as follows: Our fears of the past several months have at last been sadly realized. The much dreaded cholera has again been observed during the past week, and has taken off more victims than before. Up to the 4th of this month there were seventeen cases, of which four died. But such a small number of cases can certainly not be reckoned to constitute an epidemic when our population is over a million souls, as is now the case. In order to prevent alarming and false reports, especially on the part of foreign journals, the Government has adopted the praiseworthy rule of publishing all the cases every day in the *Wiener Zeitung*. This official statement will quiet all apprehensions, it is to be hoped, while the Sanitary Committee secure all necessary regulations in the prevention of the spread of the disease.

Curability of Pulmonary Phthisis.—An article published by Dr. R. Massini, of Basle, in *Deutsch Arch. fur Klin. Med.* (H. 3 and 4, 1873), contains the following remarks on the above subject, the result of the author's personal experience: In pulmonary phthisis two-thirds of the fatal cases belong to cheesy pneumonia, and in only one-third of the cases is tubercle to be found. It is impossible in our present state of knowledge to assert that miliary tubercle is curable. It is shown by the results of post-mortem examinations (discovery of cicatrices in the apieces of the lungs) that cheesy pneumonia, when not complicated by tubercle, can be cured. Pulmonary phthisis, adds Dr. Massini, is frequently a consequence of abdominal typhus, and at Basle the mortality from phthisis has considerably diminished since the decrease of cases of abdominal typhus.—*London Lancet*, Aug. 23, 1873.

BELLEVUE HOSPITAL, NEW YORK—NOTES OF TREATMENT.

Intermittent Fever.—Some prepartion containing quinine is usually given by all divisions in the treatment of this disease. The following, "Clark's Powder," is given almost exclusively on the third division:

℞.—Pulv. opii, gr. j;
Pulv. capsici, gr. iij;
Quinæ sulph., gr. x. M.
S.—Dose.

This is given about four hours previous to the time the chill is expected. If admitted during a paroxysm, or shortly after one has ceased, the powder is given and repeated as above. This rarely fails to break up even a prolonged series of paroxysms, and in recent cases almost invariably succeeds. By others, quinine alone is administered. The patient is rapidly brought under its influence in the following way: If the chill be expected in the morning, quin. sulph. gr. x are given the night previous, and again in the morning, one dose four hours, another dose two hours, before the time the chill is expected to occur. In the majority of cases this is succeessful in warding off the chill. If, however, it occur, a hypodermic of morphia is sometimes administered; but oftener the above dose (gr. x) is repeated in the hot stage, and quinism produced and maintained until the disease yields. In addition to this, some preparation of iron is given, as tri. ferri. chlorid. ℥x-xxx t. i. d. The hypodermic administration of quinine is being used extensively here, usually with favorable results. The solution adopted is the following, suggested by Dr. F. D. Lente, of Cold Spring, New York:

℞.—Quiniæ sulph. gr. l;
Acid sulph. dil., q. s.;
Aq. ebullient., ℥j.

Allow this to cool; then add—
Acid carbolic. (cryst.), gr. iv. M.

Of this, ℥x-xxx or more may be injected subcutaneously without danger of producing abscesses, such as commonly arise by the use of the etherial solution. Dr. Lente states that, although he has used it constantly in his practice, he has never seen an abscess caused by it; and a similar experience has attended its use here. This method is especially useful in cases of coma into whose causation malaria is suspected to enter; also in cases where it is necessary to bring the patient rapidly under the influence of the drug.

When quinine fails to arrest the paroxysms, arsenic is employed. A patient with malarial neuralgia of several weeks' duration had been treated with quinine in all the methods recommended, with no beneficial effect. Liq. potassæ arsenitis ℥viij t. i. d. put an end to the trouble in two days, the patient being discharged cured in ten days.

Hyperpyrexia.—If malarial, this is treated by quin. sulph. gr. v. q. 4 h.; and even in diseases in which no malarial element exists quinine is given. A temperature of about 104 deg. F. is usually treated by quinine as above, and by tinct. aconit. rad. (Fleming's) ℥j. q. ½ h. for three or four doses; then q. 1 h. In sthenic inflammation this is the most common method, and is usually successful. If the temperature rise above 104 deg. F., sponging the surface with water is employed, somewhat differently on different divisions; some preferring cold, others tepid, water. Several cases of insolation were treated on one division as follows: by means of an ordinary garden sprinkler, water, as hot as could be conveniently borne, was sprinkled over the body, an attendant on each side of the patient fanning the surface vigorously meanwhile. By this means the temperature in all cases rapidly fell, and did not show the same tendency to rise immediately that is observed when cold water is used. Ice-bags to the head, and cold-water injections into the rectum, were also used in some cases.

Diphtheria of Wounds.—Several cases have occurred during the past month in the lying-in-wards of diphtheria of wounds of the mucous membrane acquired during labor. The practice has been, in almost every case, to cauterize the surface with argent. nitrat. fus., and to apply cloths, moistened with "black-wash," to the wounds. In one case cauterization was adopted, and no other local application made, the parts being syringed out thrice daily with sol. acid carbolic (gr. x-℥j). Resolution quickly followed in the last, and in all the others except one, which was complicated with puerperal fever. In all cases of fœtid lochia, injections are employed either of the sol. acid carbolic, or infus. chamomil. —*Philadelphia Medical Times.*

ED. CHI. MED. EXAMINER: *Sir:*—Since the publication of your journal for Sept. 15th, 1873, I have learned that in 123 cases of Asiatic Cholera, treated by calomel in large doses, in the hands of Surg. J. B. Brown, U. S. A., during the epidemic of 1866, there were but 41 deaths, a mortality of but 33 per cent.; and, as the average mortality of cases without treatment is 50 per cent., justice demands that this more favorable showing of this plan of treatment be stated.

1375 State street. M. W. WOOD, M.D.

Original Communications.

REPORT OF A CASE OF TUMOR OF THE BRAIN.

READ BEFORE THE CHICAGO MEDICAL SOCIETY, BY NORMAN BRIDGE, M.D., SEPT. 15TH, 1873.

Mrs. M——, wife of a physician, age 51 years, of medium height, had been through life rather delicate in health.

Nine years ago she lost, by death, a son and a daughter, and for several years following was much depressed in consequense. Six years ago she had a condition of despondency, for two or three months, that was so pronounced that she was disinclined to talk, even with her own family. She had no special bodily ailment; was given tonics, and finally recovered.

About five years ago she had several attacks of severe pain in the head, which would continue for three or four days. They seemed to yield to tonic treatment.

For two years previous to her death she had unusual good health. Four months before this sickness began, peculiar electrical phenomena were noted in her body by her husband. Sparks were emitted from her wearing apparel, when taken off at night, on the clothes being shaken and rubbed; also her bedclothes, after arising in the morning, would emit sparks on being shaken.

The sparks were distinctly seen and were emitted as well when the clothes were agitated by the husband as by the patient. This phenomenon ceased soon after the sickness began.

The mother, and three or four of the brothers and sisters of the mother of this patient, have died of apoplexy of the brain.

In September, 1872, she felt unusually well and buoyant. In October she began to feel less vigorous, and complained early in the month of slight deafness in the left ear, which grew worse gradually.

Early in November Dr. S. J. Jones examined her ears, and found some thickening of the tympanum; for this he gave her some treatment, but the symptoms continued to get worse.

About this time (Nov. 1st) pain began to be felt in the left side of the head, far back, which was worse at night, and which grew worse as the hearing grew less; the general strength at the same time gradually failed.

About January 1st, 1873, numbness was noticed on the left side of the face, slight at first, increasing slowly until February 1st, when the whole left side of the head was benumbed, and food or fluid taken into the mouth seemed to the patient as though it was freezing-cold.

The pain becoming all the while more severe, especially at night, it seemed to the patient that something was pressing against the left eye from behind, projecting it forward. About January 1st she complained of a sensation, as though she was falling forward, and when walking would frequently put out her hands to prevent it. This symptom grew slowly worse, until March 1st, when it became unsafe to allow her to attempt walking alone.

Failure of memory was noted about February 1st; and in the beginning of April the reasoning powers began to fail. Her mood was one of great depression, and she had a great tendency to sleep after March 1st; the sleep was unusually sound and heavy, especially on first going to sleep; she would often sleep twelve or fourteen hours in a day.

About June 1st she became talkative and wide-awake, but was pleasant and harmless in her conduct.

By July 10th, the mind became wandering; she fancied somebody was about to shoot her in the head, or shoot some of her family; she failed at times to recognize the members of her family; and in her ravings it became necessary to restrain her.

She had no symptoms of fever during her illness until the latter part of July, when she began to have periodical fever, coming on in the afternoon about 4 o'clock, and continuing until midnight, but not being followed by sweating. On the 27th she fell into a condition of coma, and continued in this state until the 31st, when she died.

The fever during the last two weeks was of a low order of typhoid; but during the last

three days there was great heat, and the pulse was 130, and wiry.

During the whole sickness there was severe constipation. No vomitting occurred at any time. The appetite was good until April 1st, when it steadily decreased. The respiration was good throughout; and the pulse showed no mark of irregularity, only a progressing weakness.

There was a dry hacking cough from December 1st, which increased in amount, not in severity, to the end of life.

From Februay 1st, the patient had spells of sneezing daily; she would sneeze two or three times in succession; perhaps a dozen times in the twenty-four hours.

There was no paralysis of any muscles; but by March 1st her inability to guide and manage her feet became apparent, and grew worse continuously. There was a constant tendency for the feet to turn outward, but there was no striking down forcibly of the heels, and the feet could not be managed any better when the patient was looking at them than when she was not. No difficulty was noticed in coordinating the movements of the hands; there was no anæsthesia in any part except the left side of the face and head.

About March 1st the sight of the left eye began to fail, and just before death the sight was nearly lost, and deafness became complete in the left ear.

In February there was a considerable increase in bodily size and weight; but from April 1st there was a gradual emaciation, which, however, was not extreme at the time of death.

The treatment resorted to consisted of alteratives and tonics, from the first; the iodides and hydrargyrum being used in moderate doses; enough of the latter was used at one time early in the case to produce slight ptyalism. Bromides and chloral were given to procure rest and comfort; both worked kindly, and fifteen grains of either being sufficient to quiet the patient.

No opiates were administered; and little effect, save to procure rest, was experienced from any treatment.

A post-mortem examination was made of the brain, Drs. N. S. Davis, Merriman, and the writer, being present, with the following result:

The arachnoid was opaque and thickened, as well as the *pia mater*, over a small space at the vertex, and there were a few small granular bodies, of about the size of millet-seeds, near the falx cerebri. There was no considerable congestion of any of the membranes. No abnormal appearance was found in any part of the cerebrum or its ventricles, except in the choroid plexus, where there was found a few granular bodies, similar in appearance to those found at the vertex.

In the anterior portion of the left lateral hemisphere of the cerebellum, involving the digastric lobe, was found a cystic tumor, with a thick fibrous wall on its posterior aspect, and a thin membranous layer on its anterior aspect.

The whole mass was the size of an English walnut, and the cyst contained about two drachms of slightly opaline fluid.

The whole of the left side of the cerebellum was softened, especially those parts connected with the tumor.

The tumor, as well as the granular bodies, were submitted for examination by the microscope to Dr. I. N. Danforth, who has submitted the following opinion regarding them:

"The large tumor, as well as the smaller masses submitted to me, are typical specimens of small-celled sarcoma. The sac is merely fibrous tissue, not allied to any specific forms of morbid growth."

A NEW RECTAL SOUND.

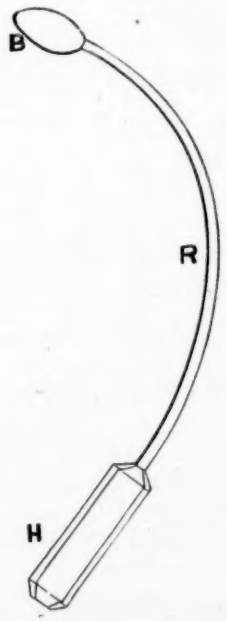
BY EDMUND ANDREWS, M.D., PROFESSOR OF SURGERY IN CHICAGO MEDICAL COLLEGE.

The ordindary rectal bougie has this absurd defect, that its form has no relation to the curve of the canal which it is intended to explore. The name *rectum* (signifying straight), seems to have been given by the ancient anatomists from dissections upon animals, and in ignorance of the fact that in man this gut is concave anteriorly to the extent of nearly one-third of a circle. The

ancient tradition has not yet died out of the instrument shops, for to this day the rectal bougies are all made as straight as the rectum itself was supposed to be 2,000 years ago. The consequence is that in a healthy rectum these bougies can rarely be inserted with any safety more than five inches, and are utterly worthless for exploration beyond that distance.

In order to obtain a better form, I had a smooth bulb of hard rubber riveted upon a somewhat flexible staff of Britannia metal, which was bent approximately to the form of the rectum as it lies in the cadaver.

By repeated trials upon living patients, and carefully modifying the curve of the staff, I was able at length to arrive at what seems to be the best form. The resulting instrument is here figued on a scale one-quarter the actual size. H is a handle of



ebony. R is a rod of soft steel, German silver, or Britannia. This rod projects thirteen inches from the handle, and is bent at a curve which increases as you go towards the tip: that is, say, near the handle the curve has a radius of 8½ inches, while near the tip the radius is only 5 inches. The end of the rod terminates in a screw which enters the hard rubber bulb, B. Half a dozen of these bulbs should be made of different sizes, so that by simply changing them a sound is obtained fitted to a stricture of any calibre, This instrument will often pass in ten or twelve inches without obstruction, and can be made to press on the abdominal walls from within, so as to be felt by the surgeon's hand within two inches of the umbilicus, which is an extent of exploration which no straight instrument can ever approach.

Chicago, No. 65 Randolph street.

THORASIC ABSCESS—RETAINED PLACENTA AFTER ABORTION.

NOTES OF TWO CASES FROM PRACTICE, BY J. SCHNECK, M.D., MT. CARMEL, ILL.

Case I.—*Thorasic Abscess.*—Was called December 10th, 1871, to see E. C——, a robust boy of 13 years; whom I found to have pneumonia, involving all of the left lung and pleura, also, to some extent, the lower half of the right lung, which run an unusually obstinate course, until the 19th, when my patient seemed to be safe and convalescing. Heard no more of him until January 9th following, when I found him very much exhausted and emaciated, with a hard swelling situated near midway between the axilla and sternum of the left breast, very tender, and of a dark or purplish color. Thinking it to be an external abscess, ordered it to be poulticed freely, the patient to take a tonic of iron, zinc, cinchonia, and columbo; with directions to send me word when there was any softening or pointing.

January 23d was again called; found my patient hectic, and nervous system very excitable; the tumor was now soft, and involved the greater part of the left precordia, the surface of which was raised near two inches at the highest point, higher than on the right side; and pulsating very strongly at each beat of the heart.

January 24th, after consultation with Dr. Rigg, it was decided to open the abscess. The knife was followed by as large a stream of pus as the opening would permit, of a yellowish

green color, passing at first some five feet from the patient, which distance was increased a foot or more at each beat of the heart.

This was allowed to run, until about five pints had been passed. A tent was then placed in the opening.

January 25th, the tent was removed, and near another pint of pus came away. The cavity was now injected with a weak solution of carbolic acid and water; this treatment was continued twice a day, with the above tonics, until at the end of three weeks, when the cavity was healed up; and in three months my patient was stout and rugged as ever.

Case II.—*Retained Placenta following Abortion.*—October 19th was called to see Miss A. C—, aged 20 years, some larger than the average, both in height and general development. On my way out (she lived four miles in the country) her paramour gave me the following history:

That she had not menstruated for near five months. That she had taken two boxes of "Cherokee Pills," but with no effect. Had given her various kinds of injections, among the rest a solution of "blue vitriol," but all to no effect. That five days since, October 14th, he had succeeded in "breaking the waters with a bent piece of wire," and that she had been losing blood ever since.

Upon my arrival I found her looking very anxious and pale. Tongue moist, with a white fur coating; pulse small, but quick; abdomen somewhat swollen and tender; with a copious and sanious discharge per vaginum; by the touch was revealed a soft, spongy substance in the cervix uteri.

She informed me, that on the night of the 15th she suffered very severe pain, and during the night passed a "lump of something about as large as a rat," and since that time had been passing more or less blood, and suffering much from pain.

Regarding the case as one of retained placenta, and being strenuously refused the privilege of taking it away, there was no alternative left but to give ergot, and wait the result. Heard no more of my patient until the 23d, when I was sent for in great haste. This time found her in a toxemic condition; delirious; tongue dry in the center, and heavily coated; pulse very rapid, but the heat of surface not much increased, except the abdomen, which was still swollen and hot. I now at once proceeded to remove the decaying and excessively fœtid afterbirth; this accomplished, I introduced into the womb a No. 12 catheter, to the free end of which I fixed a syringe; with this arrangement I was enabled to give the inner surface of the uterus a thorough washing-out, which I did twice this day. Also ordered forty drops tinct. ferri, perchlor., every three hours, to which had been added as much potass. chloras, as it would dissolve, and alternate with this six grains quinia sulph.

The next day found my patient some improved. The interval between the doses was lengthened, and the dose lessened, as convalescence gradually came on. By the 28th I dismissed the patient cured.

I regard the above cases as of interest:

1. By showing the beneficial effect of carbolic acid; the strength used in each case was about five per cent.

2. The decided anti-toxemic effect of tinct. ferri, perchlor., and quinia sulph., of which I hope in future to have more to say.

3. The unmolested way in which murderers are allowed to advertise their business. The above pills were obtained through an advertisement found in one of the leading St. Louis weekly papers, at a cost of $8.00, with directions that, if the pills did not accomplish the object, to send the *victim* to St. Louis, to their "Home for the Sick." Is it not time that those who sit in high places should look after this? Nor is this an isolated case. All you have to do is to carefully read the paper that daily comes to your office and family circle, to find the same character of advertisements.

British Association for the Advancement of Science.—The meeting this year has been held at Bradford, and many interesting and highly scientific papers were read. In consequence of the illness of Dr. Joule, the Presidential Chair was occupied by Professor Williamson, who delivered an address that is exciting much attention.

CERVICO-OCCIPITAL NEURALGIA.

PAPER READ BEFORE THE ROCK RIVER MEDICAL SOCIETY, BY A. W. LUECK, M.D., OF MAYVILLE, WISCONSIN.

On the morning of August 7th, 1873, we were called to Mrs. H——, aged 50 years, who was stated to be in great distress. On arrival, we found our patient evidently in great suffering. She was tossing herself about in the bed, and was sometimes screaming aloud with pain.

We learned, that some days previous, while working in the field and being in a state of perspiration, she was chilled, towards evening, by a shower. Since that time she felt a pain in the nape of her neck, extending around it towards the right side. This pain increased little by little, until last night it had been almost unbearable, being somewhat of a paroxysmal character. Manipulation of the muscles of the neck did not increase the pain, hence we could exclude *torticollis* in our diagnosis, and place the case among the neuralgias. However, our patient had had articular rheumatism, so we concluded to put her first on anti-rheumatic treatment. But, to relieve her present suffering, we injected in the areola tissue of the neck about one-fourth grain sulph. morph., and one forty-eighth grain sulph. atropia. The other medicine being iodide and bromide of potassium, vin. colch. rad., magnes. sulph., and pulv. Doveri.

August 8th, at 7 P. M.—We found our patient in a condition worse than yesterday. The hypodermic injection had relieved the pain for about five hours; after that time the paroxysms came on with increased vigor. We now made another injection in the arm, and ordered four leeches to the effected part, followed by warm fomentation. Internally, she was ordered to take one of the following pills every three hours.

℞.—Quin. sulph. grs. xl.
Iodiform, grs. xx.
Ferri redacti, grs. xv.
Veratria, gr. j.

Make into 20 pills.

She should also take tinct. opii deodorat gtts. x., as often as might be necessary to relieve the pain.

August 9th, 3 P. M.—On opening the door, our patient greeted us with a smile. She was sitting comfortable in the bed, saying that she had not suffered any pain since we last saw her. By some misunderstanding, she had, since 3 o'clock this morning, taken eight pills, instead of four, as we directed, and three doses of the opium.

We directed to take no more pills until the next day, and then only four during the day.

The most interesting question now is, which of these medicines cured our patient? The hypodermic injection of morphia and atrophine certainly relieved her; but the first injection showed, that this relief was only temporarily. The local bleeding may have some claim in the cure; but since only two of the leeches had drawn, we think this cannot amount to much. The same we must say of the quinine and opium. We must, therefore, in this case, ascribe the curative effect to iodiform and veratria; which of these two is the most prominent, we are not prepared to say. However, iodiform, having served us so well in other forms of neuralgia, we would again recommend it to the attention of the members of this Society.

ON THE INTERNAL USE OF CHLOROFORM FOR THE RELIEF OF BILIARY CALCULI.

BY A. GASLIN, M.D., OREGON, WIS.

In *Braithewait*, for July 1870, Dr. John Barclay says: "Seeing some reference in a contemporary periodical, to the proposed use of chloral as a solvent of biliary calculi, I crave a space to state that I have met with very great success from the internal administration of chloroform in that disease.

"I first used it in 1861, in the case of a clergyman aged fifty-eight. He had suffered for twenty-three years from gall-stones; the peculiar pain, jaundice, with subsequent discharge, by stool, of the calculi, coming on

so suddenly, and without warning, as seriously and frequently to interfere with his duties.

"Just then, writing on alcohol, I had been studying the experiments of Lallemand, and others, on the existence of alcohol unchanged in the blood.

"Knowing that ethers are solvents of cholesterine, I ventured, on his third attack in that year, to prescribe chloroform in doses of two or three drops, three or four times a day, on the chance of its reaching the calculi through the blood. To his surprise, and my gratification, pain, tenderness, distension, and jaundice, disappeared together; and in the eight years since elapsed, he has never had another attack. He keeps a bottle of "chloric ether" by him, for occasional use. I have found it to give invariable and permanent relief in many instances since. The theory of thus dissolving the calculi in situ, followed by the disappearance of the symptoms, leads to a deduction, that may be legitimate, that relief was obtained by their being so dissolved."

Shortly after this article came to my notice, I had occasion to try it in two cases having many of the symptoms of biliary calculi, yet not possessing the positive evidence of finding calculi in the stools. Both cases were promptly relieved. I will give a report of two cases where all the evidence is positive:

Case I.—September 17th, 1872, I was called to see Mrs. B——, aged fifty-eight years; had been a very stout woman, of very active habits; has done a great deal of hard work. I had met her two years before, when she was quite fleshy and robust; but at this visit I would scarcely have known her, she was so reduced in flesh: skin very yellow, and a general haggard expression, which, to me, betokened an early dissolution, unless I could give her relief.

I obtained from her this history of her case: She said for the past ten years she had suffered occasional attacks once or twice a year, her physician treating her for bilious colic. The preceding February she had been taken down much more violently than ever before, and the attacks recurring every two or three weeks since that time.

She would be taken with a chill, lasting her twenty-four to thirty-six hours; great pain in right side, over liver, extending to stomach; vomiting and nausea all the time. After chill would pass off, a hot, dry skin, enlargement of liver, with great tenderness over liver and stomach, jaundiced hue of eyes and skin, would follow. Then she would be better for a week or two, when the same thing would occur, except each attack was more severe. She had been treated by an old physician (probably not the best) for engorgement of liver, for inflamation of liver, etc., etc., with calomel quinine, blisters, and divers and sundry other remedies.

She was profusely ptyalized, and had been for two weeks, with the foolish hope of geting her liver active; pulse feeble and frequent; had taken no nourishment for days, nor could she take any, on account of constant nausea. I strongly suspected gall-stone as her trouble, and ordered a stimulating enema to be given, with orders to wash the stools and look for gall-stones; also gave her a mouth-wash of carbolic acid and chlorate potass., internally, and stopped all other drugs.

September 18th: visited her to-day; in washing the stools, as directed, found two gall-stones, each about two-thirds as large as grains of corn; irregular in shape. Now, I had plain sailing before me—positive evidence. I gave her an ounce mixture, equal parts of chloroform and alcohol, and directed her to take eight drops, three times a day; continued mouth-wash; and to take beef-tea, if she could retain it.

September 20th: better; stomach retentive; takes nourishment, and relishes it; mouth much improved; liver less tender, and not so much enlarged; skin and eyes clearing up.

September 24th: improving in every respect.

September 28th: improving rapidly; skin almost natural in color; appetite very good; no pain, tenderness or enlargement of liver. She has taken no medicine but the mixture of chloroform and alcohol; and at this time, October 1st, has not had a recurrence of her trouble. She keeps her medicine by her, and takes a dose occasionally, not oftener than once or twice a week; and she has regained

her usual flesh and robustness, and does her usual amount of hard work.

Case II is that of a lady I have never seen. She wrote a letter to a brother living in this place, giving him a history of her sickness. She stated she had been suffering for eight months with pain in right side, in region of liver, with frequent attacks of chill, with great increase of pain, followed with jaundice.

Finally, a tumor began to form, and pointed just below the cartilages of ribs. With repeated blistering, this tumor opened and discharged large quantities of gall-stones. At the time of writing she said over one hundred had been discharged; said the fistulous opening would not heal on account of their passage. I was shown the letter, and at once recommended her to use the mixture of chloroform and alcohol, same as first case, and stop all other medicines.

The fifth day after she commenced taking the remedy, she passed the last gall-stone, and in a short time the fistulous opening closed, and her health has been good ever since. May we not reasonably conclude, with Dr. John Barclay, that "the theory of thus dissolving the calculi insitu, followed by the disappearance of the symptoms, leads to a deduction that may be legitimate, that relief was obtained by their being so dissolved?"

Hospital Reports

CONTINUED FEVER.

CLINICAL CASES IN THE MEDICAL WARDS OF THE MERCY HOSPITAL—SERVICE OF PROF. N. S. DAVIS, OCT. 17, 1873.

Case I.—Mr. S——, a native of Norway, aged 25 years, was admitted into the Hospital two weeks since. He had been sick, about ten days previous to admission.

At that time his expression of countenance was dull; face suffused with dark redness; pro-labia red, dry, and the edges covered with sordes; the skin dry, harsh, and at a temperature of 104° F.; pulse 110, soft, weak; capillary circulation in surface slow; tongue covered with a thick, brown coat, dry in the middle; bronchial surfaces dry, and respiration unsteady; bowels distended, tympanitic, with from three to six thin, brownish discharges in the twenty-four hours; mind dull and wandering; a few small red spots over the abdomen and chest, with a large red spot, indicating the commencement of a bed sore, over the upper part of the sacrum. These symptoms indicated the existence of a severe grade of typhoid fever, in the second week of its progress. The soft, weak pulse; irregular respiration; and somnolency, indicated a dangerous degree of depression of the nervous centers, with, perhaps, a tendency to softening of the muscular structure of the heart; while the abdominal distension and intestinal evacuations equally pointed to the progress of serious lesions in the aggregated glands of the ilium. Hence, to sustain the nervous sensibility and muscular tonicity, on the one hand, and check the morbid action in the intestinal and mesenteric glands, on the other, constituted the two leading therapeutic indications. To fulfill the first, the patient was directed to have one teaspoonful of the following prescription, in a little sweetened water, every four hours:

℞.—Strychnia, gr. i.
Nitric acid, ʒ i.
Tinct. opium, ʒ ij.
Simple syrup, ℥ ss.
Water, ℥ iij ss.
Mix.

To fulfill the second, he was likewise directed to have one teaspoonfull of the the following emulsion, between each of the doses of the strychnia solution:

℞.—Oil turpentine, ʒ iij.
Oil wintergreen, gtts. xxx.
Tinct. opium, ʒ iv.
Pulv. g. arabic and sugar, aa. ʒ vi.
Rub together, and add water ℥ iv.
Mix.

The surface was to be sponged over with warm water twice a day; the discharges promptly removed from the ward; milk-whey given for drink, and thin wheat-flour and milk-porridge, in small quantities, at short intervals, for nourishment. The red spot over the sacrum was to be covered with cotton,

moistened with carbolated oil. Under this management, the intestinal discharges became less frequent each day, until they occurred only once in from twenty-four to forty-eight hours, and the abdominal tympanitis nearly disappeared. The coat also came off the tongue, leaving it red and granular, with a dry strip through the middle. But the pulse continued soft and quick, the mind somnolent and muttering, with some subsultus. The emulsion was now omitted; the strychnia solution given once in six hours, and five grains of carbonate of ammonia, dissolved in a teaspoonful of camphor water, and camphorated tincture of opium, equal parts, given every two hours. The same nourishment and drink continued as before.

Four or five days have elapsed since these changes were made, and it is now between three and four weeks since the patient first took his bed. His skin is now soft, moist, and about the natural temperature; the flush is gone from the face; the lips and teeth are free from sordes; the pulse, though weak, is not more than 85 per minute; the tongue is clean and moist, but redder than natural; and the mind, though dull, sleeps more natural; in a word, the patient presents all the appearances of commencing convalescense. Still, the patient is very feeble, and will require the continuance of the same remedies, only at longer intervals, until the convalescence is well established.

Case II.—Mr. C——, aged 30 years, native of Ireland. He was admitted into the Hospital ten days since, near the end of the first week after his confinement to the bed. He presented the same general symptoms as the first case, at the time of admission. The abdomen was even more tympanitic, and the intestinal discharges quite frequent; but there was less somnolency, and decidedly more dryness and congestion of the mucous membrane of the bronchial tubes, accompanied by a mixture of dry and moist rhonchi over both sides of the chest, and some cough. There was, consequently, in this case, less danger from impairment of the nervous functions, or failure of the muscular force of the heart, but decidedly more danger from capillary congestion and passive exudation into the pulmonary structures, and serious lesions in the intestines. Indeed, the oppressed breathing, and tense abdominal distension, gave the case an aspect of extreme danger. To lessen the frequency of the intestinal discharges, and the tympanitic distension, he was given a teaspoonful of the turpentine and laudanum emulsion, as directed in the formulæ already stated, every four hours; but to relieve the congested condition of the mucous membrane of the bronchial tubes, he was given a teaspoonful of the following solution, between each of the doses of the emulsion:

℞.—Hydrochlorate of ammonia, ʒ iij.
Tart. ant. and pot., gr. ij.
Sulph. morph., gr. iij.
Syrup liquorice, ℥ iv.
Mix.

The hygienic regulations were the same as in the preceding case. In three or four days the intestinal discharges were limited to about one in the twenty-four hours, and the bronchial rhonchi were diminished; but the tympanitic distension of the abdomen remained unabated, and the pulse became more weak and frequent. The emulsion was discontinued, and the strychnia and nitric acid solution given every six hours; and instead of the hydrochlorate of ammonia mixture, he was directed to have the carbonate of ammonia, camphor and paregoric mixture, every two hours. On these remedies, with careful attention to nourishment, he has continued until the present time. Now we find him with the fever flush gone from his face; his skin slightly moist; temperature nearly natural; pulse soft and weak, but only about 100 per minute; only very slight rhonchi in the chest, but some dullness over the lower and posterior parts; tongue moist, and nearly clean, but red and fissured through the middle; mind clear, and little or no subsultus; and yet the abdomen was largely distended and very tense. The persistence, and even increase of this condition of the abdomen, after almost all the other phenomena indicated the commencement of convalescence, was pointed

out as an unfavorable indication. It showed great want of contractibility, or actual paralysis of the muscular coat of the intestines, with extensive ulceration of the aggregated glands of the ilium. Allusion was made to some cases in which, the attending physician finding the tongue to become clean and moist, the skin cool, the pulse slower, and the mind clear, pronounced the patient convalescent, notwithstanding the continued distension of the abdomen; and yet they terminated fatally in a few days, either from a sudden return of copious evacuations, more or less mixed with blood, or from perforation of the intestines. In the present case, the strychnia and acid solution was continued, but the carbonate of ammonia and camphor was omitted, and the turpentine emulsion given in its place, with the hope of improving the condition of the bowels. It was stated that in similar conditions of the abdominal viscera, in the advanced stage of typhoid fever, nitrate of silver, with small doses of opium, had produced very favorable results. Also, that similar good results had sometimes followed the use of oxide of zinc, in two to three grain doses, combined with from half a grain to one grain of opium.

The clinic was closed by directing the attention of the class to a third case of typhoid, in the person of a young laboring man who had been admitted into the Hospital the day previous. The case was mild, presenting no serious complications.

The only treatment recommended was careful attention to sanitary regulations, bland nourishment, and six drops of hydrochloric acid every four hours, in sweetened water.

EVERY physician in regular practice, in city and country, should not only take one or more medical journals, but contribute as well. A large and lucrative practice, a high and influential position, are not alone sufficient to perpetuate a worthy name and reputation. These are perishable and will die out, when well-timed and well-recorded facts will last and establish true and genuine worth. Zimmermann remarked "that the greatest medical writers of any age were the best physicians." Those who communicate their views should rather be encouraged than decried.

THE

MEDICAL EXAMINER.

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EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D

Chicago, Nov. 1st, 1873.

EDITORIAL.

THE THIRD INTERNATIONAL MEDICAL CONGRESS.

The late meeting of this body was held in Vienna, commencing September 1st, 1873, Prof. Carl Rakitansky presiding.

The following questions were discussed during the sessions:

1. The Question of Vaccination.
2. The Proposition of an International Law for the Prevention of Syphilis, and the Regulation of Prostitution.
3. The Question of Quarantine Measures against Cholera.
4. The Drainage of Cities.
5. The Proposition for the Adoption of ar International Pharmacopœia.
6. The Proposition for making Medical Studies Uniform, and, as a result, the Right of Practicing the Art freely in any Country.

Each question was assigned to a President and a Committee, who had the position of experts, to outline the subject for discussion, and to formulate the sentiments of the Congress for the ballot. These were printed and distributed before each session, as well as a daily bulletin containing the proceedings of the previous day.

Regarding the first question of Vaccination, the opinion was almost unanimous in favor of compulsory vaccination. Only three debaters, and that on insignificant grounds, declared against it. The opinion of the Con-

gress, as declared by formal vote at the close of the discussion, was embodied in the following resolution:

"The Third International Medical Congress declares Vaccination indispensable, and desires its universal adoption."

As regards the second question, the Prevention of the Spread of Syphilis, considerable discussion took place, but no very definite opinion was reached. The meeting generally seemed to favor registration and police surveillance, according to the system in practice in most continental cities.

The question of Cholera Quarantine was decided as follows:

1. Land and sea quarantine to be abolished.

2. Sea quarantine to be temporarily continued.

3. An International Commission, for the study of the agencies which spread Cholera, and for eliminating them from commerce, as well as for finding rules which shall give greater protection than the present ones, is to be appointed.

Regarding the sanitary management of a city, as respects drainage and water supply, the referees reported as follows:

1. The purification and improvement of the city must be pointed out as an unavoidable demand from a sanitary point of view, and the study of the question is of the utmost importance.

2. For the conveyance of water to and from the houses, as well as channels for the surplus water, canalization is necessary in every city, and must be established in accord with hygienic demands.

3. The refuse of the inhabitants is to be conveyed away through rational means, in accordance with hygienic laws and the interests of the people.

4. In every case the circumstances of the city, the water-supply, the cost of engineering and management, the capability of paying, etc., must be all regarded.

5. As a rule, a good system in accord with hygienic demands can be made in a cheap and workable way.

6. The carrying off, at least partially, of fecal material, and of the greater part of the urine, is necessary.

7. Cities ought to engage in the discussion of these questions concerning the purification of the State and city, with the assistance of experts.

The following resolutions regarding an International Pharmacopœia were adopted:

1. The Congress recognizes the need of an International pharmacopœia. This must contain the most essential and best-known remedies, the most necessary excipients and corrigents, with a precise description of their qualities and method of preparation; the Latin language to be used in the text, and in the relations of the components the decimal system.

2. The Congress wishes that for the future the metrical system be used in prescribing.

3. The Congress intrusts to the president of the Fourth Congress the organization of an International Commission for the revision of the pharmacopœia.

The sessions were continued through six days, and all the debates and discussions appear to have been conducted in a most harmonious manner.

Over eight hundred delegates were registered. America, however, had no real representation, and England almost none. An effort was made to have the next session of the Congress held in Philadelphia; but there being no American delegates present to urge the invitation, the meeting was appointed to be held in Brussels.

The *Philadelphia Medical Times* for October 11th and 18th contains quite a full report of the proceedings of the Congress, from which we glean the above facts.

Death from the New Anæsthetic.—Dr. Richardson, of England, the indefatigable searcher after new anæsthetics, has recently introduced into that country the use of a mixture of sulphuric ether and bi-chloride of methyl, hoping to gain thereby the full safety of ether, with some of the promptness of effect characterizing the methyl.

The mixture was called "methylene ether," and began to be a great favorite in some hospitals. It was particularly convenient, because a patient could be fully brought under its influence in less than two minutes. The bright hopes based on its use, however, have been dimmed, for the last number of an English medical journal brings us an unmistakable death produced by its use already. A vigorous patient inhaling it died on the table, before the operation was commenced.

Correspondence.

VACCINAL SYPHILIS.

EDITORS EXAMINER :—Knowing full well that there is no greater error, nor none more mischievous, than drawing conclusions from imperfect or meager data, yet, on account of the recent discussions on vaccinal syphilis, and as it may be some time before a similar opportunity may present itself, I venture to give my observations, however limited they may be.

In the early part of December, 1871, during the epidemic of small pox, Mr. A—— began treatment for secondary syphilis ; and as he had no knowledge of ever having been vaccinated, bovine virus was inserted about the same time, and a beautifully marked pustule resulted, which was allowed to harden into a scab. When the scab became detached the exterior was carefully scraped, that there might be no admixture of blood or extravenous matter. As I had several years previously had a severe attack of varioloid, I did not expect the vaccine virus would have any effect upon me ; but if syphilis could be transmitted by the virus, no shadow of a cause existed to prevent it.

A portion of the scab was carefully dissolved and inserted in the left forearm. Aside from a slight redness which occurred a few days subsequently, nothing ever resulted.

The scab was placed in glycerine, and after an elapse of ten weeks, as not the slightest symptom was manifested in me, six infants at the dispensary were vaccinated with it and kept under observation. Of the six, four exhibited well formed pustules, and the remaining two were vaccinated with other virus. After a period of three months none of them showed the faintest appearance of specific disease. If bovine virus comes into general use, as it now seems likely to do, the question of vaccinal syphilis will have little interest Of the four conditions assumed by Mr. Jonathan Hutchison as necessary to the transmission of syphilis, the fourth only is wanting.

"1st. A syphilis Vaccinifer ; 2d. An active condition of the syphilitic element of the vaccinifers blood, but at the same time, 3d, An absence of such external symptoms of syphilis as would deter any commonly upright surgeon from using the subject of them as a vaccinifer ; 4th. The gross imprudence committed of employing either blood or the serum obtained after the emptying of the vericle."

LYMAN WARE, M.D.

Chicago, October, 1873.

Gleanings from Our Exchanges.

M. PETER'S CLINIQUE. STRICTURE OF THE LOWER PART OF THE INTESTINES.—In a lecture dilivered in the Hopital Saint Antoine on the 25th July last (*Le Mouvement Medical*, 9th August), Dr. Peter mentions the case of a man who asked to be taken in on Saturday, on account of a large abdomen, which much incommoded him. Distension of the abdomen was noticed, with meteorism; and Dr. Peter first of all diagnosed internal strangulation.

On the morrow he ascertained that the patient had been subject to constipation for some three days; and he had no evacuation, although certain purges had been given. Upon this, two drops of croton oil were given in the form of a pill; but the patient vomited these, and had no stool as result. On Monday there was vomiting of yellowish matter, stercoraceous, so that the diagnosis was confirmed. But what was the material lesion, was the question.

When the belly was attentively explored, it was found to be uniformly distented, and the percussion note everywhere tympanitic. There was serous effusion in the pelvic cavity, dullness and pasty thickening in the sides, and this pointed to retention of fæcal matters in the large intestine. After this examination the seat of the obstacle was easily determined. When it exists at the upper part, the tympanitic condition of the belly is general, but the flancs are not dull; that is to say that the ascending and descending colons, when empty, are covered by loops of the small intestine distended by gas, which give sonorous character to the sides and iliac fossæ. "I thought, then, that the obliteration had its seat at the lower part of the large intestine; but exploration by the rectum did not permit me to get as far as the obstacle."

"What, then, was the diagnosis of the occlusion? According to information given, I learn that two years ago this man had a slight dysentery, lasting from September 10 to October 3,

which is called Parisian dysentery, that is to say, a benign disease. For do not forget, gentlemen, that there is a very notable difference between the dysentery of our country and that of warm climates. The latter offers the gravest lesions, characterized by ulcers of the intestinal mucous membrane, which are destroyed and expelled, perhaps latterly turned into scars, whose retraction is capable of causing strictures."

"On the other hand, the general condition of the patient, the good health he has preserved until quite lately, would appear to exclude the idea of a cancer of the large intestine; so that the diagnosis of the lesion which caused the suffering remained undecided between an intestinal occlusion from stricture or from cancer.

"However, at the autopsy, we found an epithelial tumor seated at the juncture of the iliac curvature with the rectum.

"Now, gentlemen, it is not indifferent to make the diagnosis, however uncertain this may be, since the nature of any surgical intervention may be influenced by it, and gastrotomy or enterotomy may be performed. On the other hand, if the lesion exist in a portion of the small intestine, and be due, for instance, to a false membrane which strangles the intestine externally, in this case gastrotomy may be performed, in order to seek out and get rid of the strangulation. I may here allude to a patient in my wards on whom M. Duplay practiced gastrotomy for the purpose of getting rid of an obstacle on which he did not chance to fall, perhaps because his incision was not large enough.

"On the other hand, if the obstacle be seated very far down, enterotomy is absolutely necessary; and this is what was practiced by Dr. Ledentu on our patient, in whom an opening was made in right iliac region. In such a case ought we to make a large or a small incision?

"I have seen this operation twice practiced by MM. Nelaton and Dolbeau. M. Nelaton had not, after the operation, any subacute peritonitis, the absence of which was certainly due to the very intimate apposition between the abdominal wound and the incision in the side. That surgeon made an incision of two centimetres in length, which he found even too great; and then punctured with the bistoury. And Dr. Dolbeau, like Nelaton, followed the same plan, and had no peritonitis, and the patient got well.

"In our patient, the peritonitis which carried him off in twenty-four hours, appears to me to have been due to infiltration of fæcal matters between the wall of the intestine and the abdominal wall."—*The Doctor.*

THE TRAGIC DEATH OF OBERMEIER.—Prof. Virchow devotes the following lines to the memory of his late assistant, Dr. Obermeier, who fell a victim, as is well known, to experimentation upon himself in seven hours after injecting the blood of a cholera patient into his own body. We extract literally from the *Berliner National Zeitung:*

"*Berlin, Aug.* 24.—Your paper this morning, in an article upon the deceased Dr. Obermeier, denies the statement that he made an injection of cholera blood into his own body. I am unable to discover the grounds which prompted your correspondent to make this negation. So far as I know, Dr. Obermeier communicated with none of his fellow-physicians upon this subject, but he did let fall some observations to his female nurse, while in full consciousness, that seem to leave no room for doubt that he did make this experiment. His peculiar disposition also lends it additional credibility. He was my assistant during a severe epidemic of typhus fever, and in all that period never expressed the least personal fear. He passed through the worst epidemics of small-pox without being moved in the least. And only eight days ago he visited me and remarked, with a cheerful face, that he had the cholera now, but would soon be over with it. Unfortunately, it is quite impossible to ascertain positively whether Dr. Obermeier died after an injection of cholera blood or not. Yet he had opportunity enough, without injection, to become infected with cholera 'germs.' May we not lack, in the future, individuals so free from all personal consideration, so devoted to scientific investigations, and so independent in their views and observations as Obermeier. R. VIRCHOW."
—*The Clinic.*

HARVARD MEDICAL SCHOOL.—C. Ellis, M. Dean of the Medical Faculty of Harvard University, takes, in a letter to the Philadelphia *Medical Times*, a very hopeful view of the success of the Harvard Medical School, and states that the receipts from students were only $3,600 less in 1871–72 than in 1870-71. One hundred and fifty students, under the new plan, gives a considerably larger revenue to the school than three hundred did under the old. He thus concludes: "If five or six of the other leading medical schools in the country would join the Harvard school in making the changes in the system of medical instruction, which Dr. Stille and all other intelligent physicians who honor their profession admit to be desirable, there would be no question in any one's mind about the success of the reform."

Dr. Gubler on Chloral.—Chloral, says Gubler (*J. de Chemie et de Phar.*, Sept.), renders every day important services in neuralgia, hepatic colic, cancer, gout, and pleurodynia. He finds chloral useful in whooping-cough. Chloral is but of slight use in chorea, and is of no use in hydrophobia. It is of no service in epilepsy or puerperal eclampsia. In tetanus it has been proved useful, first of all by Dr. Verneuil; but Gubler had two unsuccessful cases in which it was tried. According to Beck's statistics, out of 36 cases of tetanus treated by chloral there were 21 cures and 15 deaths. Chloral is evidently an hypnotic in a great number of cases of mental alienation, characterized by exaltation, talkative or furious delirium, suicidal monomania, or homicidal mania. The calm which it gives to the agitated patients renders them able to do without constraint. The agent, however, has sometimes been abused. The chloral, however, is contra-indicated in those mental affections which are accompanied with cerebral depression, debility, and especially where the circulation languishes and the nutrition is defective. It is, on the contrary, especially to be recommended in the acute, agitated, and violent forms, and notably in acute delirium, in the nervous delirium of fever, and of feverish inflammations, in hysterical insanity, and in delirium tremens. Dr. Gubler has found it very useful in the last-named disease. In this disease chloral equals in power the opium so justly praised, and is more rapid in its action. Gubler often combines the two remedies. Chloral is often useful as a hypnotic in fever; and this is, indeed, its powerful proportion in the course of bronchitis or pulmonary consumption.—*The Doctor.*

Strangulated Hernia and the Aspirator.—Another of these hernia cases was discovered about three hours after the patient had been admitted to the hospital for some other difficulty. In her journey to the hospital the hernia had come down enormously and become strangulated. The hernial tumor was as large as a child's head. It was hardly possible to determine what kind of hernia it was, the tumor, when freed, was of such size and tension. Taxis was unavailing, and probably would have been equally unavailing had a correct diagnosis been made, and taxis been made in the proper direction. Taxis was made in the proper direction for the reduction of an *indirect* inguinal hernia, but the sequel proved it to be a *direct* inguinal hernia. This is a mistake not so infrequently made as may be supposed. Taxis in this case being unsuccessful, the tumor was aspirated, and fully ℥ viij. of serum drawn off. The gut was not aspirated. The removal of this quantity of fluid rendered the tumor sufficiently flaccid to permit a much more easy and extended manipulation, assisted in arriving at a correct diagnosis, and by a little careful and well-directed handling the hernia was reduced. An operation was probably avoided by means of the aspirator.—*N. Y. Med. Record.*

College Students in the Middle Ages.—An attendance of 3,000 students at any university, at the present time, would be thought exceedingly large. In the times of the Reformation, and earlier, however, an attendance many times as large was nothing unusual. For example, at the University of Bologna, in 1350, there were 13,000 students. A little over a century later, at the death of Charles VII., 25,000 students were in attendance at the University of Paris; and, still another century later, when Joseph Scaliger was a student, the number at this famous institution had increased to 30,000.

Even in England there was a similar flocking of students to the great University of Oxford. It is stated that in the time of Henry III., about the middle of the thirteenth century, the number of students at Oxford amounted to 30,000. Admitting that there is exaggeration in this statement, the actual number is certainly known to have been very great.

Perhaps at no university was there a larger, or so large, an attendance as at that of Prague, in the days of Huss. The fame of this University, and the privileges granted to all its members, drew students from all parts of Germany. When the privileges, granted to the Germans equally with the Bohemians, were withdrawn, many thousands of German students left the University. It has been estimated by some authorities that as many as 44,000 students forsook their accustomed places of learning. This estimate is doubtless too high. But, from all reliable accounts, it would appear that in 1409 there were from 30,000 to 40,000 students in the University of Prague.—*The Repository*, Nov., '73.

Dr. T. Bates proposes (*The Clinic*) to substitute meal for bran in fracture-dressings as an absorbent. The meal, he claims, is equal to the other dressing, and is much superior in that it packs better and holds the limb immovable in the apparatus.

Late dispatches announced that the illness of M. Nelaton had taken a favorable turn, and he was supposed to be convalescent; but on Saturday last he suffered a relapse, sank rapidly, and died the same night, in the seventy-sixth year of his age.—*Phil. Med. Times.*

MARINI'S PETRIFACTIONS.—In the Italian section of the Vienna Exhibition, Dr. Marini exhibits, among an assortment of human feet, hands, legs, arms, and busts, of shrivelled proportions and deep-brown color, a large, round plateau, evidently of hard and polished material, which has been likened to stale gelatine or potted boar's head. It is a conglomerate of specimens illustrative of an art invented by him—the petrifaction and mumification of human corpses. It was this very Dr. Marini who petrified Mazzini, and executed his work so well that the admirers of the arch-conspirator proposed to set up the corpse on the capitol, and save Italy the expense of a statue. The preparations are waterproof, and will take on high degrees of polish. His mumified specimens, by a process known to him alone, can be restored to their original size and elasticity; while the petrified ones are as hard, and possibly as durable, as granite. The top slab of the table is composed of muscles, fat, sinews, and glandular substance, all petrified together in a block, the surface of which has been planed and polished until it resembles marble. Certificates from Nelation and other distinguished surgeons are attached to the specimen limbs, setting forth that the limbs in question had, for the satisfaction of the certifiers, been restored to their pristine softness and pliancy by Dr. Marini.—*Lancet.—Boston Med. Journal*, Sept. 18, '73.

Book Reviews.

Lectures on Clinical Medicine. By A. Trousseau, late Professor of Clinical Medicine in the Faculty of Medicine, Paris; Physician to the Hotel Dieu, etc., etc., etc., etc. Translated from the third revised and enlarged edition, by Sir John Rose Cormack, M.D., F.R.S.E., Fellow of the Royal College of Physicians of Edinburgh, etc., etc., etc.; and P. Victor Bazine, M.D., Assistant Physician to the National Hospital for the Paralyzed, etc., etc. Complete in two volumes. Philadelphia: Lindsay & Blakiston, 1873. For sale by Jansen, McClurg & Co., Chicago.

Here we have two volumes of nearly 1,000 pages each, embracing the views of one of the most celebrated clinical teachers of the present time. The American publishers have given us a reprint of the English edition, distributing the lectures translated by Dr. Bazine, in their proper places in the order of their delivery, and omitting his notes. The lectures of A. Trousseau, both in the French and in the English translations, have been sufficiently long before the profession to be well known and highly appreciated. In the French edition, of which the present is a translation, some of the lectures had been re-written; others had been revised, and much new matter added. The present volumes may be regarded, therefore, as presenting the completion of the work of the late illustrious teacher. They contain a great fund of knowledge on almost anything pertaining to diseases and their treatment, presented in a clear and pleasing style. We fully commend the work to our readers as worthy of their careful study.

Skin Diseases, their Description, Diagnosis and Treatment. By Tilbury Fox, M.D. Second American, from third London edition. New York: Wm. Wood & Co. For sale by Jansen, McClurg & Co., Chicago.

This, the leading standard work on Skin Diseases, both in England and America, requires no extended notice, its merits being already familiar to the profession.

In this new edition the matter has been considerably altered, re-arranged, and such additions made as to include the latest ideas and advancements. Sixty-seven new illustrations have been added; also a cutaneous pharmacopœia and a glossarial index.

The following works, received through Messrs. Jansen, McClurg & Co., will be noticed in our next:

Chemistry, Inorganic and Organic, with experiments. By Charles Loudon Bloxom. Philadelphia: H. C. Lea.

A Manual of Medical Jurisprudence. By Alfred Swain Taylor, M.D., F.R.S. Edited by John J. Reese, M.D. Philadelphia: H. C. Lea.

A Practical Treatise on the Diseases of the Ear, including the Anatomy of the Organ. By D. B. St. John Roosa, M.A., M.D. New York: Wm. Wood & Co.,

Handbook of Physiology. By Wm. S. Kirkes, M.D. Edited by Remount Baker, F.R., C.S. With 248 illustrations. A new American, from the eighth enlarged English edition. Philadelphia: H. C. Lea, 1873.

Original Communications.

STUDIES AND EXPERIMENTS ON PRODUCING PAINLESS INCISIONS WITHOUT ANÆSTHETICS.

BY EDMUND ANDREWS, M.D., PROFESSOR OF SURGERY IN CHICAGO MEDICAL COLLEGE.

Mechanical injuries received from bodies moving at a high velocity are painless. The cannon-ball which, under full motion, takes away a limb, occasions but little sensation, while one which strikes with a slow motion may cause acute suffering. In the same manner, a rifle-ball, flying at a high velocity, cuts its way through the body without pain, while the spent bullet, striking the soldier, and only contusing him, is felt with great severity. In civil practice, similar facts occur, as the following cases show:

CASE I.—A workman in a factory unconsciously placed his hand near a piece of revolving machinery, on the circumference of which was a square iron projection. This iron swept around its circle with a velocity of about 150 feet in a second. The result was that the thumb and two fingers of the exposed hand were instantly taken off, as if by a cannon-shot. The patient firmly asserted that he felt no pain at the time of the injury.

CASE II.—An employe in a sash and blind factory put his hand against a circular saw, whose circumference moved about 200 feet a second. The hand was cut half through its breadth, without the slightest pain.

CASE III.—A mechanic engaged at a circular saw, whose motion was a little over 100 feet in a second, sawed off two fingers, and cut into a third. This was a very intelligent man, and on being closely questioned, he averred that he felt no pain whatever, but that he only perceived a sensation as of a cool wind blowing on his hand.

CASE IV.—A master-mechanic in a cutlery shop, in working at a grindstone, which revolved at a high velocity, ground off the end of his thumb without his being aware of it until he saw the wound.

CASE V.—A mechanic is said to have brought his wrist accidentally against a circular-saw, cutting it nearly off, without the slightest pain. Finding that the member was nearly severed, rendering its restoration hopeless, and observing that the injury occasioned no suffering, he deliberately placed the uncut portion against the saw, and thus voluntarily completed the amputation.

It is the universal testimony of mechanics, that incisions made by saws moving from 100 to 200 feet per second are absolutely painless. Thus, in one of the great packing-houses of Chicago, the carcasses of the slaughtered animals are cut up for packing, by a circular saw revolving at about 200 feet per second. At this velocity the saw cuts the meat *more smoothly than a knife*, and the workmen, who are occasionally wounded by it, uniformly assert that the incisions are wholly painless.

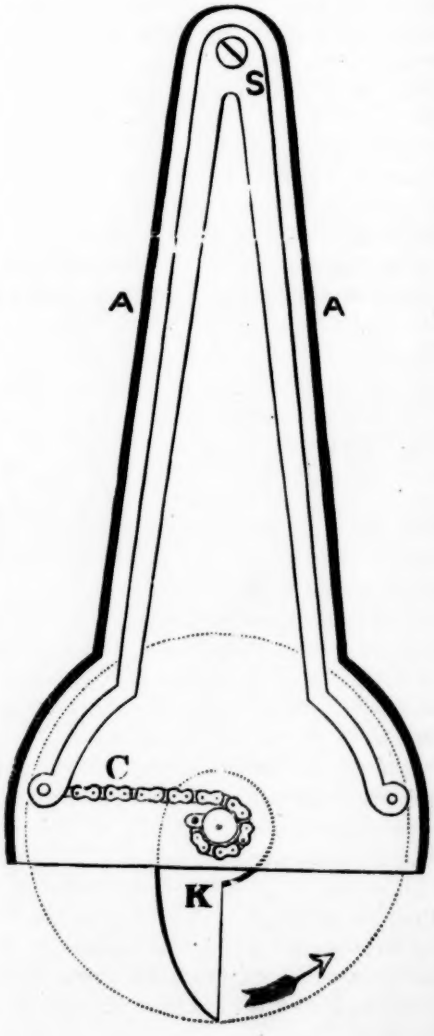
From various observations, I judge that the minimum velocity necessary to make a saw cut without pain is between 100 and 150 feet per second. Probably the velocity of a bullet wounding painlessly must be somewhat greater, as it is a blunter object. The ordinary army musket-ball has a velocity, when first leaving the gun, of 1700 feet in a second; but the motion is rapidly checked by the resistance of the air, so that the minimum velocity of a bullet wounding painlessly may be only 600 or 700 feet per second, or even less. These facts render it evident that the human flesh may be cut or torn without pain by any object moving between 150 and 1000 feet in a second.

Several surgical instruments have been in use, designed to diminish pain by increased velocity. The spring-vaccinator, the spring-lancet, and the various kinds of scarificators are examples of this class; but none of them make any pretense of obtaining complete painlessness, unless applied on surfaces where from dropsy, or other causes, they act on tissues possessing diminished sensibility. From my tests, I do not think any of them attain to one-third the swiftness requisite for painless incisions. Reflection upon these facts has induced me to commence a series of experiments to determine whether it is possible to devise an instrument small enough for convenience in

surgery, and swift enough to cut without pain. These experiments have not yet been fully successful; but their results give hope that further research will enable us yet to introduce into surgery the important improvement of *anæsthesia by velocity*. Two obstacles have confronted me from the outset:

1. The great difficulty of obtaining a motion of 150 feet per second in a small instrument.

2. The increased sensitiveness of a surgical patient from the inflammation of the parts to be operated on, and from the concentration of his attention on the expected incisions. Both of these circumstances are absent from accidental, painless saw-cuts and bullet-wounds. This hyper-sensitiveness demands a sufficient increase of velocity to overcome it. My first experiment was made by means of a sharp instrument for opening abscesses, which, by a rubber spring, was made to shoot out a blade endwise, like Johnson's scarificator for dropsical limbs. I used a spring of perhaps fifteen pounds tension; and the testimony of the patients was, that the pain of the incision was slight, but still perceptible. Observation upon the violent jerk which the knife received at its stopping-point, in consequence of the power of this spring, satisfied me that this instrument was not safe, for sooner or later the repetition of shocks would develop cracks in the steel, and finally cause the blade to break loose and shoot like an arrow into the body, possibly wounding some vital part. I therefore had one constructed with a rubber spring of twenty pounds tension, which coiled around a small shaft, on whose extremity was set, at right angles, a thin knife. A key wound it up, and a trigger set it free, by which means the knife swept a circle with great velocity, without any risk of shooting endwise like an arrow in case of breakage. To measure the velocity, I caused a wheel to be made two feet in diameter, which revolved with a known velocity. From the circumference of this wheel projected two continuous rims of paper, parallel to each other, and one inch apart. The wheel being set in motion, and its velocity ascertained, the knife was made to cut across the edges of the paper, notching the two rims. Of course, the time occupied by the knife in passing from one rim to the other was shown by the fact that the notches were not opposite, but the second rim was cut further back than the first, and the distance served as a datum for calculating the velocity. To my disappointment, I found I had only attained a motion of twenty-nine feet in a second, which was only one-fifth of what I desired. The result was still a remnant of pain, when applied to an abscess or a hydrocele. I next ordered an instrument made with a steel spring having fifty pounds tension, which is here represented.



S is the spring; K is the knife, attached to a shaft which is made to revolve by the traction of the chain C. The motion is in the direction of the arrow. A A is a case which encloses the whole machinery, but which is represented as absent from the front, in order to show the internal structure. The knife is liberated by a trigger, and the depth of the incision is regulated by a sliding foot to the instrument. The sweep of the knife is so rapid as to be almost invisible, and it cuts a hair in mid-air without difficulty, yet it moves only about seventy feet in a second, which is less than half what is necessary to abolish the pain of the incision. The result is, that the patients on whom it has been tried still experience some suffering.

It is worthy of question whether, for very high velocities, a small circular saw would not be the best cutting instrument. Experience in the packing-houses shows that, at two hundred feet in a second, a saw cuts beef more smoothly than a knife, so that the wound made by it, in living tissue would probably unite by first intuition without difficulty; and the fact that each tooth takes away, with the velocity of lightning, its little particle of flesh; without shock to surrounding parts, would probably be favorable for painless action. The difficulty of giving this rapid motion to a saw carried on a portable handle is very great; however, I have in progress some experiments which will at least settle the value of the principle, and may, I hope, result in a useful addition to our surgical resources.

The presentation of an unfinished investigation before the public is not in itself very fascinating; but it may have this advantage, that where a desired end is discerned, and the obstacles in the way of its realization clearly brought out, the discussion provokes thought, draws out suggestions, and favors the attainment of final success.

No. 6 Sixteenth street, Chicago.

Professor Virchow delivered, in the Vienna Exhibition building, an address on the importance of International Exhibitions and their influence on the progress of science.—*The Clinic.*

CLINICAL NOTES.

BY F. K. BAILEY, M.D., KNOXVILLE, TENNESSEE.

POLYPUS UTERI.

June 13th, 1872, was invited by Dr. S. D. Moses, of this city, to visit with him a patient under his care, a lady, about forty; married, and mother of one child, a son of seventeen. Nervous, lymphatic temperament; nearly bloodless, from loss of blood and suffering.

Last October perceived a growth within the vagina, which increased in size quite rapidly. A few weeks ago, her physicians in a neighboring county attempted to ligate the tumor, but failed in consequence of the wire breaking. About the middle of May last she was brought to this city by her husband, and placed under the care of Dr. Moses.

By reason of weakness, no attempt at removal was made till to-day.

Dr. M. M. Alexander was also invited in. On vaginal exploration with the finger, a large substance was encountered, as large as a placenta, and filling the vagina completely. It came within an inch of the labia, and in form and feel reminded one of a placenta which had descended, and was about to be expelled. On introducing a duck-bill speculum, the tumor could be seen wedged within the vaginal walls, as indicated by digital examination. There was an ichorous discharge, quite offensive, with pus intermixed.

On consultation, it was deemed advisable to attempt to tear away portions of the tumor, in order to test its consistence. Dr. M. succeeded in bringing away three pieces of the size of an English walnut.

Ligation being determined upon, Dr. M. introduced the loop of a ligature made by twisting silver wire and linen cord together. It was very difficult to accomplish this; but after a while it was passed up about to the os uteri, and twisted by means of a pair of forceps. The woman endured the operation very well, and was removed to her bed from the table on which she had been placed.

The tumor appears to be encephaloid in its character, and, with its size, nature, and the previous history of the patient, the prognosis is not favorable.

Thursday, 20th.—Visited the patient with Dr. Moses and Dr. Alexander. Dr. Moses, a few days ago, had tightened upon the ligature, and to day a great portion of the mass was easily removed. There is but little left outside of the ligation, and the remaining portion will doubtless come away soon. General condition of the lady somewhat improved; appetite moderate; less pallor, with rather a brownish hue to the face; pulse 120, but fuller.

September 2d.—Informed by Dr. Moses that Mrs. W. returned to her home in July, but—although the tumor appeared to have been removed—with very bad state of health. Has not heard from her; but the prognosis is exceedingly unfavorable.

December 1st.—I learned, a few days since, that this patient died in October, or November, from exhaustion. The polypus all came away before her death; and it is evident that the operation at an earlier period might have proved successful. The principal points of interest in this case are its rapid growth, probable malignancy, and the large size attained before removal.

I was associated with another physician of this city, a year or two ago, in the removal of a small polypoid growth from the neck of the uterus. The patient was a lady of intelligence and refinement, mother of two or three children, and otherwise in good health, excepting partial deafness. She now is in very good general health. There is reason to believe that in this case a mass of placental dimensions would soon have become developed. Its detection was the result of an ocular examination of the os uteri, with the view to topical treatment for leucorrhœa.

OZAENA.

April 30, 1873.—Mrs. S. M——, about thirty; married; dark complexion; mother of two children, the youngest one year old.

Has had a soreness of the nose for a year or more, attended with the discharge of an offensive purulent nature, and the formation of dark-colored and thick incrustations, which are blown from the nostrils at least once in twenty-four hours. She is still nursing her child, and, until three months since, the menses had been regular in their recurrence. There is nausea at times, with impaired appetite, and a feeling of debility. The pulse is uniformly weak and small. There is a languid, expressionless appearance to the countenance, with depression of spirits. Bowels constipated, and urine scanty. Tongue has thin coat upon the base. Complains of pain in different regions of the lower abdomen, referrable to the uterus or appendages. Directed the use of a weak solution of carbolic acid, as a nasal douche. To take castor oil as laxative.

May 11th.—The nose more troublesome, there being pain and increased soreness; also neuralgia pains in the whole facial region. The incrustations are much lessened in size, and the secretion more healthy. To take, as laxative, the following.

℞.—Fluid ext. sennæ.
Tinct. rhei aa., ℥ i.
Fluid ext. leptandra, ℥ ss.

M. Sig. Teaspoonful at night, and in the morning if necessary, to produce a laxative effect. Continue douche.

15th.—Some improvement since the last report. Bowels open, and appetite improving. Thinks she is pregnant. To continue douche, and the laxative. Is going to the country.

26th.—Came to the city, and I called upon her at the residence of her mother. General appearance improved; countenance more florid; pulse fuller; has some appetite, and is in better spirits. Discharge from the nose lessened, and complains of more acute soreness; every indication that the local affection is healing. To continue douche, and take exercise in the open air, with generous diet.

October 14th.—Have not seen the patient since last report, but I am told she has improved in general health during the summer and fall. Proved to be pregnant, and ere this must have been confined. There is reason to suspect a syphilitic taint in this case, as she has two sisters who have been similarly affected, besides soreness of the throat. A daughter of one of the sisters, October 9, has periosteal ulcerations of both legs, in the anterior aspect, with decided molular swell-

ings. Iod. potass. and other specific remedies have proved beneficial in all the individuals, whenever they can be persuaded to procure and take the medicines.

We encounter very often such cases here; and there are multitudes who linger on through a wretched life, bearing in their bodies the traces, in one stage or another, of an old syphilitic taint. Climatic influences modify more or less the character of such affections.

I have now in mind the case of a man about forty-five, who came here from Virginia, in 1870. Sloughing and exfoliation had become so extensive that the stench was intolerable. A syphilitic affection of twenty years' standing was said to be the cause of this terrible affection. Still, this man was in active business in both States, and was able to be about most of the time. A portion of the nasal bones have been removed within three years, but with what result I am not advised.

ERGOT IN NERVOUS DISEASES.—Daniel H. Kitchen, M.D., Asst. Phys. to the N. Y. State Lunatic Asylum (*Am. Jour. Insanity*, July, 1873), after repeated investigations, finds that ergotine and Squibb's fluid extract of ergot are beneficial in nervous diseases. In the following forms of headache he has used ergotine with much benefit and comfort to the patient: 1. Headache depending on plethora or fulness of blood. 2. Headache from anæmia. 3. Headaches depending on changes in brain-substance and the membranes. 4. Epileptic headaches. 5. Migraine. 6. Headache depending on disordered menstruation. The author presents ten cases of epilepsy and insanity in which marked and beneficial effect was noticed following the use of Squibb's fluid extract of ergot and ergotine, either alone or in combination with sulphate of quinine and other remedies.

Ergotine may act in two ways: first, directly on muscular fibre, in the same way as any other stimulant; second, through the nervous system, principally the ganglionic. The immediate effect of ergotine on the blood-vessels is marked and rapid; the pulse is increased in force and volume; the slow and wavering pulse becomes full and strong. The power of ergotine is manifest, from its value as a hæmostatic in reducing the size of blood-vessels.

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EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

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EDITORIAL.

MEDICAL BOOKS AS ADVERTISEMENTS FOR THEIR AUTHORS.

"Of the making of books there is no end;" and to the class of medical books is this saying especially applicable. Their numbers are legion—and still they come!—new names pressing onward for rank and fame in the crowded lists of authorship. Pick up the catalogue of any one of the prominent medical book publishing houses and note the contents—books, great and small, thick and thin, quartos, octavos and duodecimos; works on every conceivable branch or special topic appertaining to medicine or surgery; and not one, but a dozen, mayhap, to choose from in each department.

And yet, as compared with general literature, medical publications have but a very limited field for circulation. Book-sellers claim that medical books offer but small profit and very slow sale; indeed, the demand, except for a few standard works, is not sufficient to warrant the keeping them in stock by ordinary dealers. How, then, can all these works be profitable? Directly, they are not so; the large majority of them never sell a sufficient number of copies to pay one-half the first cost of issue. Neither, in many instances, was it expected that they would.

A physician wishes to push a certain line of practice, and obtain name and reputation in that department. Perhaps he has not sufficient influence to command a college or hospital appointment: or he may reside where no such institutions exist. Straightway he goes

to work and writes a book—great or small—according to the amount of money that he wishes to invest. In this the literature of his subject is re-hashed and cooked over, and the stolen ideas presented as original, whenever he is not likely to be found out. Above all, however, his own peculiar success in the diagnosis and treatment of this special class of affections is set forth in glowing colors. He then contracts with a publishing firm to issue his work, he paying for the cost a sum sufficient to enable the publisher to realize a fair profit on the printing and making of the book. His publisher then sells the book for him—*if he can*. It is, of course, reviewed and advertised in all the medical journals, and everywhere the author's name appears prominent. The profession throughout the country is thereby informed that Dr. A. or Dr. B. is the author of a work, and, of course, authority on the subject considered. Patients come flocking in for consultation from all directions. The doctor's fortune is made; and still he has done no unprofessional advertising—only invested some five to fifteen hundred dollars in a book that probably did not sell. Nobody but himself and his publisher, however, are aware of that. You did not buy the book, but you saw it noticed and you supposed likely your neighbor did. The books lie on the publisher's shelves, not a dozen copies, perhaps, sold; and yet both author and publisher have cleared a good profit from the investment. Almost any book, no matter how worthless, will be likely to sell a few copies. In the confusion consequent on the multiplicity of books on a given subject, many buyers may fail to distinguish the worthy from the worthless—the wheat from the chaff. The really meritorious books are quite as likely to be overlooked—drowned quite out of sight.

In England they have carried this science of professional advertising a step further. The authors cause their books to be advertised in the secular newspapers; and even have hand-bills posted on the street corners announcing "The new work on *Uterine Tumors*, by Dr. A.;" or "Dr. B's Treatise on *Throat Diseases, etc.*"—with the evident intention, not of pushing the sale of the work, but of calling the attention of the public to the fact that Dr. A., or Dr. B., is an author, and a leading authority on a certain subject.

Lately there has sprung up a very bitter discussion in the English journals regarding this matter, originating in the action of the council of the London College, who have formally condemned the proceeding, and prohibited their members from advertising their books in this way.

It is claimed by some that the established physicians, who constitute the council, desiring to maintain undisputed possession of their respective cocklofts, have kicked away the ladder up which they have climbed. One "Medicus" asserts that to stop advertising his books would "retard his advance in practice ten years, and keep him starving;" and pointedly calls attention to the fact that the works of Mr. Carling, president of the college, have been advertised to such an extent as to make Carling and testis household words in the community, and consequently to establish their author. Another correspondent alludes pleasantly to the circumstance that the London *Lancet*, which has strenuously upheld the council, placards the railway stations with the titles of communications on "*Tumors of the Womb*, "*Rectum*," and other subjects generally supposed not to offer edifying reading for mixed companies of ladies and gentlemen. The defense offered for the president of the council in the matter seems to be that, having sold his works to the publisher he has no control over them. This will undoubtedly be seized upon by others as a convenient mode of circumventing the action of the council.

The contributing to our professional literature, either in the way of independent treatises or of communications to the medical periodicals, is, of course, a legitimate and desirable method of pushing professional reputations, as well as of contributing to the advancement of medical science, always providing that one has something of real value and importance to communicate. It is to the too numerous class of writers who strive only for self-laudation, and to expatiate upon their

own extraordinary skill and ability, that we take exception. While direct advertising would at once place them without the ranks of the regular profession, yet they are enabled in this manner to accomplish exactly the same purpose, with probably less expense to themselves, and without in any way violating the code of medical ethics.

The means of correcting this abuse rests with the publishers. Let them be more careful to scrutinize the communications that they receive for their periodicals, and more stringent as to the character of the books upon which their imprint appears.

In general literature, the imprint of a popular publishing house is an almost invariable guarantee for the value and success of a work. If the leading *medical* publishers would be equally careful of their reputation, there would be a much fewer number of books issued, and the profession would have some guarantee that the books published were really worthy of perusal and study.

F. H. D.

Death from the Inhalation of Ether.—The *British Medical Journal* records a case of death apparently directly resulting from the inhalation of *ether*. A boy, fourteen years of age, of strumous diathesis, who had suffered from repeated attacks of corneitis, was admitted to the Royal South Hants Infirmary under care of Dr. Lake. It was thought best to perform iridectomy, and for this purpose ether was administered. Half an ounce of ether was first poured on a sponge contained in a cone, and closely applied to the mouth and nose. After a few minutes' inhalation three drachms more were poured on the sponge. Shortly after commencing to inhale this second quantity he began to struggle violently, getting at length into a state bordering on opisthotonos, his face being intensely scarlet. It was then noted that his pulse had become very feeble. The ether was at once discontinued, when the pulse having improved Dr. Lake operated, no more ether being administered. At the close of the operation, which occupied only a few seconds in its performance, and before the eye could be bandaged, the pulse became imperceptible, the breathing was suspended, and the countenance livid. All the usual means were resorted to to endeavor to resuscitate the patient, but without success. At the necropsy the brain was found to be healthy, and not congested. The right cavities of the heart were full of dark fluid blood, but the left cavities contained only about a drachm of similar fluid. The valves were healthy. The muscular structures, although somewhat flabby, presented no decided evidence of fatty degeneration. The lungs were congested, and of a somewhat bright red color. The other organs were healthy.

Chicago Society of Physicians and Surgeons.—The regular meeting of the Society was held on Monday evening, Nov. 10, in a parlor of the Grand Pacific Hotel. There was an unusually large attendance of members present to listen to the extended and elaborate paper prepared by Dr. John Bartlett, on the Ague-plant, giving the results of his recent investigations.

The fungoid growth described by the Doctor was, he thought, the same plant discovered and described some years ago by Dr. Salisbury, who apparently however observed it only in its primary stages. Dr. Bartlett had traced some further and apparently previously undiscovered changes which take place, marking either a new stage of development of the same plant, or else the generation of a new and independent growth.

The Doctor exhibited three large colored plates to illustrate the different appearances presented by the growth, and also exhibited a number of the plants themselves under the microscope. He feels confident that they can be proved to occupy a causative relation to ague.

Renew Your Subscription.—With the close of the present volume, next month, many of our subscriptions will terminate. We would ask subscribers to renew promptly, so as to avoid trouble and delay in receiving the numbers for next year. We shall adhere *strictly* to the system of advance payment

and shall stop the numbers promptly with the termination of subscription unless renewal is made. The amounts are small—but a trifle to each one—but amounting in the aggregate to a considerable sum; the prompt receipt of which is necessary for the proper support and carrying out of our enterprise. Our aim in the future will be, as it always has been in the past, to deserve the patronage and support of the profession by constantly maintaining the value and efficiency of our journal.

We have effected arrangements so that we can offer THE EXAMINER in club with the New York *Medical Record* at $6.00, and with the Philadelphia *Medical and Surgical Reporter* at $7.00. Any other of our home or foreign journals can be had with THE EXAMINER at a discount of from ten to fifteen per cent. on the gross amount of subscription. Any new subscribers, or old subscribers renewing their subscriptions, can also have a copy of Davis' Clinical Lectures with THE EXAMINER at $5.00.

CORRECTION.— In article, "Thorasic Abscess," on page 245 of our last number, in line seventeen, "zinc" should read tinct.

Hospital Reports.

SURGICAL WARDS COOK COUNTY HOSPITAL.

CASE OF COMMINUTED FRACTURE OF THE SKULL. SERVICE OF PROF. E. POWELL. REPORTED BY D. A. K. STEELE, M.D., HOUSE SURGEON.

P. McN——, aged 45; butcher; native of Ireland; was admitted to hospital Sept. 1st. States that, six days previous to admission, he was struck on the head by a tack-hammer. Since then has had headache and pain over the frontal region. When walking has a dizzy sensation — feels as if he would fall if he did not take hold of something. On examination, find a small, round orifice over the center of frontal portion of head, discharging a small quantity of offensive pus. On introducing the probe it came in contact with the bone, denuded, roughened, and slightly depressed. General health is, and always has been, good; does not appear to have any constitutional disturbance.

Sept. 12th. — Discharge still continuing, and having the peculiar, offensive odor of dead bone. Ether was administered, and Prof. P. made a crucial incision over the wound down to the bone, and twelve or fourteen small, depressed pieces of bone were removed. The dura-mater was not injured. Patient reacted well; was kept in the horizontal posture for a few days, and evaporating lotions applied; after which a dressing of cosmoline, on lint, was applied morning and evening, after the wound had been carefully washed out with carbolated water (1 part acid carbolic to aquæ 20 parts). The wound remained open, discharging slightly, until October 31st, when it had entirely closed. During this time several small pieces of bone had appeared in the wound, and were picked out. There was no constitutional disturbance, the patient being up, walking about the ward, most of the time, seldom complaining of so much as a headache. The internal treatment consisted of small doses of quinine. Patient was discharged, recovered, November 3d.

Gleanings from Our Exchanges.

THE TREATMENT OF ASTHMA.—The following extract is from a lecture by Dr. C. T. Williams, reported in the *Lancet:*

1. *Stimulant Anti-spasmodics.*—A certain number of asthmatics gain relief by sulphuric ether, by strong coffee, and even alcohol. One of the most recently introduced of this class is the nitrite of amyl, which, by acting as a violent cardiac stimulant, sometimes relieves the spasm.

2. *Sedative Anti-spasmodics.*—This is an almost endless class; and if the sufferer perseveres he generally gets relief from one or more members of the group, which includes datura stramonium, tatula, belladonna, hyoscyamus, tobacco, lobelia, Indian hemp, and others. With regard to stramonium, belladonna, and henbane, their use was dictated, as is well known, by the experiments of Dr. C. J. B. Williams, who found that in animals poisoned by these drugs the bronchial tubes were dilated and incapable of being excited by any stimulus, and presented a marked contrast to the results of opium-poisoning, where the bronchial tubes were found contracted after death. Both stramonium and belladonna seem to act most beneficially in the slighter cases; but where they cause dryness of the

throat, or even delirium, they seem to have little effect on the bronchial muscle. I found far more satisfactory results follow the use of the extract of stramonium made from the seeds, in quarter grain to half grain doses, than in smoking the cigarettes of the leaves, which, however, have a high repute. Lobelia is a valuable agent when used in sufficiently large doses; but to do much good it must be administered, not in doses of from twenty to thirty minims, as is often done, but a drachm at a time, and repeated every three or four hours until some effect is produced. Tobacco, when smoked, has a sedative influence, but when taken into the stomach is a very unsafe remedy, it being necessary to push it to the extent of vomiting before relief comes; and ofttimes alarming symptoms of failure of the circulation follow. Indian hemp has been used, and with a certain amount of success; but it occasionally gives rise to curious head-symptoms, and therefore requires careful watching.

Inhalations of various kinds, and smoking the different kinds of cigarettes, often do good, if the spasm be not very severe; but when this is the case we must expect them to fail, as they generally do, from the great difficulty of introducing them into the system. It is then that hypodermic injections of morphia come in useful, and by inducing slumber, relax the spasm. The dose should be from one-sixth to one-fourth of a grain, repeated from time to time, and their use is at once contra-indicated by any blueness of the face, or signs of obstructed circulation.

In very obstinate cases you will find that sometimes all drugs fail, chiefly on account of the difficulty of introducing them into the system; and the fit gradually wears itself out, generally through the carbonic acid accumulating in the lungs and inducing anæsthesia of the mucous membrane, and thus relaxing the spasm.

I can testify highly to the benefits of chloroform inhalation in the worst cases, in many of which it has acted like a charm, and sent the sufferer into a calm slumber, from which he has awoke free from dyspnœa. In others the relief is temporary, and the spasm returns as severely as ever. The objections to the use of chloroform seem to be twofold. First, it sometimes, in small quantities, i.e., less than one drachm, causes intermittence of the pulse; second, it cannot with safety be entrusted to the patients themselves.

For these reasons I determined to follow Professor Biermer's example, and try the nearest and safest approach to chloroform, viz.: chloral; and I selected for the purpose several cases where the fits were of long continuance, and marked by only short intermissions. The chloral was given in doses of from fifteen to twenty grains, in an ounce of peppermint water, every three or four hours. The effect, in almost every instance, was that the patients fell fast asleep after the first dose, and slept in a recumbent posture for a few hours, which they had not been able to do for days and weeks. On awaking there was a tendency of the spasm to return, which was generally obviated by two or three repetitions of the large doses. The breathing gradually became quite free, except when considerable emphysema existed: and here the asthmatic spasm was removed, and only the habitual dyspnœa remained. The doses of chloral were then reduced, and gradually discontinued.

Having succeeded with the most troublesome form of asthma, I next tried the drug in cases where the attacks, though severe, are far from periodic, appearing at a fixed hour every night, and completely disappearing every day. Here the chloral seemed still more successful, as a large evening dose generally afforded a good night's rest and steady perseverance with the night draughts seemed to break the habit of the attacks, and eventually to get rid of them altogether. After this I have tried chloral in most forms of spasmodic asthma, and it is not to be wondered at that it has become a favorite prescription in my wards.

In the twenty cases in which I have used it, speedy relief has been obtained in all. In two this has only been temporary; in the other eighteen permanent. In three cases where the scruple doses have been repeated several times, the patient complained of queer sensations in the head; and in one of these, a very obstinate case, where the chloral was continued for days, the patient complained of feeling muddled. Vomiting came on, which disappeared on the appearance of purpuric eruption on the legs. The drug was of course discontinued, and in a few hours the wheezing, which had ceased, returned. This was the only instance of bad effects following.—*Philadelphia Medical Reporter.*

A New Hypodermic Syringe, by Ephriam Cutter, M.D, Woburn, Mass. — Although hypodermic medication has not superseded the gastric, still, for its efficiency, promptness, and energy, it ranks as one of the great advances in modern medicine. It is apprehended that, with the mass of the profession, it is employed mainly when medication by the stomach fails, and in urgent cases only. Be this as it may, in my own experience I

have found that whenever I desired and most needed my hypodermic syringe, it was generally left at home, because the bulk of the box containing it (small as it is) was still found to be cumbersome. This being the case, the writer has sought to contrive a form of syringe which should be so compact as to be carried in the pocket-case of medicines, and occupy the space usually allotted to a phial. The accompanying figures represent in full size the result of this endeavor.

One cut shows the outline of the full-sized instrument, closed. Dotted lines represent the internal arrangement. The other figure illustrates the same with syringe filled, piston drawn out and needle attached. The third figure is a representation of the cap that covers the needle to protect it from harm. The points in which this syringe differs from the ordinary ones are:

1. Closure of the distal end of the cylinder. This makes the syringe a *cul-de-sac*. The circulation of the air is quite different from that in the cylinder of the ordinary syringe. Instead of the air drying the leather of the piston on both sides, it only dries it on one side—thus reducing the chances of drying fifty per cent. Practically this syringe has kept in good order for months continually, when the ordinary syringe would be loose and dry. The drop of moisture confined in the *cul-de-sac* behind the piston has no connection with the air except through the piston; hence it evaporates slowly. Another reason for closing the distal end of the syringe was to keep out dirt and foreign substances.

2. Making the piston and its head hollow throughout, and having a male screw and milled head on the proximal end. By these means a communication is effected with the cavity of the syringe.

3. Having the needle attached to the proximal end of the piston. This latter arrangement is *the* feature which is novel and which constitutes its peculiarity. The instrument is thus complete and ready for use. It is only necessary to draw out the piston with the needle inserted into the medicament. The fluid readily fills the barrel by running through the needle and piston, and the syringe is charged for use.

The method of introduction employed by Dr. F. F. Brown of Reading, Mass., is good. He pinches up a fold of the skin, on the arm or leg or elsewhere, between the left thumb and fore-finger, then holding the needle point in the right hand vertically, enters the point into the integument pinched in the angle included between the finger and thumb-tips. The point is pushed in until the milled head of the piston touches the finger, then the cylinder of the syringe is pushed down and the injection is introduced. The instrument is taken out by withdrawing the piston. When this is done, then, and only then, is the fold of skin relaxed from its hold.

After use, a few movements of the piston to and fro will clear the instrument of the superfluous fluid. It is a good plan to leave some water in and keep the piston head moist (Indeed, this is a good practice for any syringe. Since adopting the habit of keeping syringes half or wholly filled with water when not in use, I have had little trouble with them).

The needle should then be unscrewed and put point foremost into the cavity of the piston. The piston is pushed home, and the cap screwed on. The instrument is now ready to be laid aside in the medicine pocket-book, or in the vest pocket. It will be seen that this instrument is much simpler than others; and yet it is as effective, and much more portable.

The writer is greatly indebted to the firm of Shepard & Dudley, 150 William street, New York city—the makers of the instrument—for suggesting the new alumina alloy as a material for the needle. Steel gold-plated needles rust when kept in this instrument, but this difficulty is overcome by the new alloy, which will not rust or tarnish.

The firm mentioned above supply two forms of this instrument: one of German silver, nickel-plated, with alumina alloy needle, price two dollars; and the other entirely of the alloy, price three dollars.

In closing, the writer would say that he prefers extemporaneous solution of morphous salts for subcutaneous injections. The bottom of a glass goblet or tumbler, turned upside down, furnishes a clean and handy cavity in which to deposit the salt. The syringe may be filled with water and its contents discharged on the salt. The circulating motion thus given aids in dissolving the salt, and then it can be taken up into the syringe for use.

If those who use this syringe experience the same gratification as the writer, it will be an ample reward for his pains in this matter. —*Boston Journal of Chemistry.*

Compression of the Brain.—S. W. Gross, M.D. (*Am. Jour. Med. Sciences*, July, 1873), remarks that the treatment of compression from depressed bone is still a matter of much dispute. That a man may recover from a very considerable and very unequal displacement of the tables of the skull, is attested by numerous examples; but that such cases survive in greater proportion than those in which the pressure has been relieved by the resources of art, is another and highly important question which has not been sufficiently examined by writers on army surgery. Of 224 depressed gunshot fractures of the skull, and in 90 operative measures, of these 45 or 50 per cent. died. Of 134 instances, on the other hand, in which the treatment was purely conservative and antiphlogistic, and in 43 of which the signs of compression were very doubtful, 61 recovered, and 73, or 54.47 per cent. died; or if the doubtful cases, which resulted in 10 deaths, be excluded, 91 cases of compression from depressed fractures, treated expectantly, afford 63 deaths, or a mortality of 69.23 per cent., a result in favor of operation by 19 per cent.

These statistics show, that when symptoms result from depressed bone, the chances of saving life are on the side of surgical interference. The trephine was applied in 49 of the above 90 operations, with 26 deaths, the mortality being 53.06 per cent.; fragments of the shattered bone were removed by the forceps in 28 instances, with a fatality of 14, or 50 per cent.; the elevator was resorted to in 10, of which 3, or 30 per cent. were mortal; while in 3 instances Hey's saw was followed by death in 2, or 66.66 per cent. An examination of these facts does not disclose that the operation of trephining is more dangerous than other operative procedures. More patients recover after than without surgical interference, and many lives might have been saved by a timely resort to it.—*Med. Record.*

Chloroformization During Sleep.—Dr. W. M. Whitmarsh states (*Lancet*): "Having occasion to perform circumcision on a very nervous child, aged six years, and the evening being selected by the parents for the operation, I found on my arrival the little patient fast aleep. Not wishing to lose so good an opportunity, I, with my friend Mr. Gandy, thought it advisable to administer chloroform at once. This was done by pouring ten drops on a piece of lint, and repeating it until one drachm had been given, when the patient was thoroughly under its influence. The operation was then performed, and the patient dressed, not waking till half an hour after. The pulse did not appear to differ from that ordinarly observed during the administration of chloroform. It would be interesting to know if this mode of giving chloroform has been noticed by the profession, and whether in nervous patients and young children it would not be preferable to the shock to the system occasioned by fright and fear of suffocation."—*The Clinic.*

Albuminuria as a Symptom of Meningitis.—Professor Rosenstein has noticed the coincidence of albuminuria with meningitis. The analysis of their urine demonstrates in nearly all patients, whether old or young, attacked with meningitis, the presence of albumen in the early days of the cerebral affection; and in a considerable number of these cases is found at the same time, among the products of the renal secretion, epithelial cells, blood-globules, and fibrinous casts, exactly the same as in Bright's disease. The lesions discovered by post-mortem examination of the kidneys are likewise similar to those of albuminous nephritis. The kidneys are increased in size—the hypertrophy being chiefly in the cortical substance; the renal tissue is markedly injected; the glomerulæ gorged with blood, and there are extravasations of blood into the urinary tubules. Professor Rosenstein attributes these lesions to troubles in the circulation, due to functional alteration of the vaso-motor nerve filaments. This fact is likely to be of considerable value in diagnosis.—*Lyon Med.*

The Funeral of Nelaton.—The obsequies of Nelaton were held on Wednesday, as announced, and were participated in by throngs of people of all ranks of society. The cortege was set in motion at noon precisely, headed by M. Charles Nelaton, son of the deceased, who will attempt to follow in the footsteps of his father to fields of distinction in surgery. The pall-bearers were M. Bouillaud, representing the Institute; M. Bouchardat, for the Medical Faculty; M. Depaul, President, and M. Beclard, perpetual Secretary of the Academy of Medicine. The Society of Surgery, the Association of Physicians of the Seine, were represented by a great number of members. The religious ceremony was held at the Church of St. Pierre de Chaillot. Military honors were rendered to this grand officer of the Legion of Honor by a batallion of the line. According to Nelaton's expressed desire, no discourse was pronounced at the funeral ceremony over his grave.—*Gazette des Hopitaux*, Sept. 25, 1873.

American Medical Graduates.—The various American Medical Colleges have graduated this year about 1200 students.

PNEUMATIC ASPIRATION IN HYDRARTHROSIS OF THE KNEE-JOINT.—Dr. Rasmussen, of Copenhagen, describes seven cases in which he practiced aspiration in eight knee-joints. In none of these cases did the slightest trace of inflammatory reaction follow the operation. Even in the cases where there had been severe pains and considerable tenderness of the joint, it was so free from both for several days after the operation that treatment by *massage* could be employed for the removal of the remainder of the effusion. He advises the operation in both the chronic and acute forms of this affection.

The following is Dr. Rasmussen's mode of operating: Broad strips of adhesive plaster, clipped at the ends, are applied above and below the joint, and are then gradually tightened according as the evacuation of the fluid by suction, which takes place very slowly, proceeds. By the continued application of adhesive plaster, the fluid is forced towards the canula.

This should, as a rule, have a diameter of from .08 to .06 of an inch, so that the viscid portion of the fluid can pass through it. At first, Dr. Rasmussen made the puncture through the extensor muscles, in the highest pouch of the capsule, for fear that the fluid would continue to ooze through the comparatively large opening if the latter were to be made at a lower level. This subsequently, however, was found to be both unnecessary and inexpedient, for by this plan the fluid could with difficulty be all drawn off, and the puncture is now made in an upward direction at the external edge of the patella. After the removal of all the fluid, the opening is closed with charpie and collodion, and the last strip of plaster is applied in the center, and thus the joint is compressed and placed at rest. To secure rest more completely, the leg is bandaged and an ice-bladder is applied to the knee, although the latter is thought to be, perhaps, superfluous.

Occasionally slight œdema of the foot and ankle follow the operation; but clipping of the plasters, and so loosening them, causes it to disappear. The bandage may be removed at the end of three or four days, and the fluid will commonly have disappeared. When it has recurred it is in less amount, and the joint is quite free from pain.

The utmost care is essential in disinfecting the trocar, and in operating in a locality where there is neither pyæmia nor erysipelas.—*Med. Record.*

THORACENTESIS IN SCARLATINAL PLEURISY.—Dr. R. P. Howard, Professer of Medicine in McGill University, publishes in the new number of the *Canada Lancet* four cases, from which he draws the following conclusions:

1. That the pleurisy of scarlatina is usually—not to say invariably—an acute empyema.

2. That in *scarlatinal* pleurisy, when the signs of effusion are marked and do not promptly disappear, it is well to make an exploratory puncture of the chest at a much earlier period than is even now customary in *ordinary* pleurisy following *exposure.*

3. The tolerably prompt and, at the same time, complete recovery of the lung may be expected under these circumstances, chiefly because the inflammation is *acute* and *recent*, and that the vital powers have not been exhausted by a protacted illness, nor the condition of the lung been altered by prolonged compression, as in chronic empyema.

4. That if the disease (the pleuritis) be not of long standing, *i.e.*, if it be recent, the appearance of pus in thoracentesis is not, at least in scarlatinal pleurisy, a very grave indication. The majority of such cases will probably terminate favorably.

5. That the pus in scarlatinal empyena may perforate the lung and be expectorated, and the patient recover promptly and perfectly.

6. That it is not well to wait for such an occurrence, which appears to be unusual, and, as being long delayed, to involve increased danger to life, but rather to make an exploratory puncture early.

7. That if the pyothorax of scarlet fever be recent, simple puncture of the chest repeated once or oftener will usually suffice, without the employment of the drainage tube, which is so valuable and often necessary in chronic pyothorax. I may add that, judging from my experience in other cases, the same observation will apply to other forms of acute pyothorax.

Book Reviews.

Chemistry, Inorganic and Organic, with Experiments. By Charles Loudon Bloxam. With 295 illustrations. From the Second and Revised English Editions. Philadelphia: Henry C. Lea. (For sale by Jansen, McClurg & Co., Chicago.)

When the first edition of this work appeared, a few years since, its sterling merits won for it a wide recognition and a justly enviable reputation; this second edition, which has just appeared—revised, enlarged, and brought down to date—cannot fail to add materially to the high esteem in which the book is already held.

Of all the numerous works upon elementary chemistry that have been published within the last few years, we can point to none that, in fulness, accuracy and simplicity, can surpass this; while in the number and detailed description of experiments, as also in the profuseness of its illustrations, we believe it stands above any similar work published in this country. To the teacher of chemistry, these accurate descriptions of such a large number of experiments—many of them quite unique—will be found of especial value; while to the student of the science they afford a highly profitable source of instruction and an inestimably valuable means for the explanation of obscure points. We cannot speak too highly of many portions of the work, and especially of the chapter devoted to carbon and its compounds. The statements made are clear and concise, and every step proved by an abundance of experiments which excite our admiration as much by their simplicity as by their direct conclusiveness.

We have observed, with great disfavor, the growing tendency manifested by recent chemical writers to transfer chemistry, in part at least, from its natural position among the experimental sciences to a very doubtful place among the mathematics. Some of our most popular chemical works of the present day devote a very considerable space to purely theoretical and algebraic considerations, abridging, of course, by just so much, the far more valuable, practical and experimental parts of the science. This tendency, we think, cannot be too greatly deprecated; for we believe the distaste for chemistry which of late years has shown itself so painfully among most of our college students, may be traced, to a great extent, to this irrational attempt to change the natural domain of the study. We therefore give a doubly hearty welcome to a work which, like Prof. Bloxam's, places chemistry in its true and valuable position as a practical and experimental science—which avoids the lengthy discussions of purely theoretical questions, and thus commends itself at once to the numerous members of the medical profession, and the public in general, who desire for a text-book, or book of reference, a work not occupied with theory, but filled with important facts.

We are pleased to find that the author continues to adhere to the use of the ordinary English weights and measures, and the Fahrenheit thermometer. However perfect the decimal system may be, it is so little understood by the majority of readers at the present time that its use renders almost unintelligible any statements involving its employment. The busy practitioner, especially, who rarely has the time to convert *grammes* into grains, or *litres* into pints, by mathematical calculations, will duly appreciate the value of a work in which no such calculations are necessary.

We praise the work under consideration highly, for we believe that its real merits demand such a recognition; yet, in one or two minor points, we think it is open to a little adverse criticism. There are a number of almost inexcusable omissions, respecting various substances, which we are at a loss to explain. Although ozone is spoken of at considerable length, its companion, ant-ozone, is not even mentioned, notwithstanding its existence has been positively proved, and it is known to be possessed of some remarkably interesting properties. Two pages, at least, could be profitably devoted to the description of this remarkable allotropic form of oxygen, and yet its name is not even mentioned. So, too, nothing is said concerning the oxy-chloride of zinc, although its important applications in the arts, and especially in dentistry, certainly demand for it a brief description at least.

A few other less important omissions might be mentioned; yet candor compels us to acknowledge that, in the main, the book is remarkably full.

We are surprised to find that Prof. Bloxam, in this new and revised edition, still continues to use the old system of nomenclature, and, to a great extent, the old system of notation: calling epsom salts, sulphate of magnes*ia;* chalk, the carbonate of *lime;* writing sulphuric acic, SO_3; and so on. The author evidently believes that facts justify his adherence to the old system; but the mere fact that the

vast majority of chemical authorities have long since deserted it, strongly indicates that there are advantages in the new system of nomenclature and notation that cannot be gained by the old; and the author himself tacitly acknowledges this, in part, by using occasionally the new formulæ.

Laying aside, however, these few exceptions that we take to the work, we can unhesitatingly praise the book, and confidently commend it to the favor of the public as possessing, on the whole, in our opinion, more true merits than any other chemical work of a similar size that can be found in the market. W. S. H.

A Practical Treatise on the Diseases of the Ear, including the Anatomy of the Organ. By D. B. St. John Roasa, M.A., M.D. New York: Wm. Wood & Co. (For sale by Jansen, McClurg & Co., Chicago.)

This is a volume of 530 pages, intended as a guide for those who wish to treat the diseases of the Ear. The topics are considered under the following headings: Anatomy of the Auricle and External Auditory Canal.—The Examination of Aural Patients.—Diseases of the Auricle.—Diffuse and Circumscribed Inflammation of the External Auditory Canal.—Parasitic Inflammation of the External Auditory Canal.—Inspissated Cerumen.—Foreign Bodies in the Ear.—Anatomy of the Middle Ear.—Injuries of the Membrana Tympani.—Acute Catarrhal Inflammation of the Middle Ear.—Chronic Non-Suppurative Inflammation of the Middle Ear.—Acute Suppuration of the Middle Ear.—Anatomy of the Internal Ear.—Diseases of the Internal Ear.—Deaf Muteism and Hearing Trumpets.

Considerable space is given to illustrative cases, with a view of showing the actual symptoms of Aural diseases, and the results of treatment.

The subjects seem to be treated of in a complete as well as practical manner, and the text is illustrated by numerous wood-cuts.

Chromo-lithographic illustrations of eight different diseased conditions, as revealed by the otoscope, are also given in a plate at the end of the volume.

A Manual of Medical Jurisprudence. By Alfred S. Taylor, M.D. Seventh American edition, revised from the author's latest notes, and edited by John J. Reese, M.D. Philadelphia: Henry C. Lea. (For sale by Jansen, McClurg & Co., Chicago.)

This well-known standard work on Medical Jurisprudence is here presented to us in a new and revised edition. From the author's preface it appears that the principle changes made in the present edition consist in the addition of two chapters on Evidence and Duties and Responsibilities of Medical Witnesses, and the introduction of numerous engravings representing the crystalline forms of poisons, etc., and the apparatus used for their detection. Some medico-legal subjects, not hitherto treated in the previous editions, have been also introduced. The additions made by the editor amount to about one hundred pages.

An Introduction to Practical Chemistry, including Analysis. By John E. Bowman, F.C.S. Edited by Charles L. Bloxam, F.C.S. Philadelphia: H. C. Lea. (For sale by Jansen, McClurg & Co., Chicago.)

This is the sixth American edition of this little work, reprinted from the new revised English edition.

The Student's Guide to Medical Diagnosis. By Samuel Fenwick, M.D., F.R.C.S. From the third revised and enlarged English edition, with eighty-four illustrations on wood. Philadelphia: Henry C. Lea. (For sale by Jansen, McClurg & Co., Chicago.)

This is a small volume, of 328 pages. It covers the ground of Medical Diagnosis in a concise, practical manner, well calculated to assist the student in forming a correct, thorough, and systematic method of examination and diagnosis of disease. The illustrations are numerous and finely executed. Those illustrative of the microscopic appearance of morbid tissues, etc., are especially clear and distinct.

The Physician's Visiting List for 1874. Twenty-third year of its publication. Philadelphia: Lindsay & Blakiston. (For sale by Jansen, McClurg & Co., Chicago.)

Transactions of the American Medical Association. Vol. 23. 1872. (For sale by W. B. Keen, Cooke & Co.)

Original Communications.

ORGANIC POISONS.

AN ESSAY READ BEFORE THE McLEAN COUNTY MEDICAL SOCIETY, OCTOBER 6, 1873, BY E. W. GRAY, M.D., BLOOMINGTON, ILL.

Until the microscope had made its revelations it was scarcely possible for us to have any adequate conception of the almost infinite variety and abundance of the living forms that swarm unseen in earth and air and water. We had heard of the poetic insect that floats in the sunbeam, or gambols in the dew-drop; but that countless millions of living beings actually fill the air, and fill the ocean—that we constantly breathe them and eat them and drink them—that they should come to live in our eyes and ears and mouths and stomachs and bowels and livers—that they should come to infest the skin and mucous membrane in all their ramifications, was too much for our ante-microscopic imagination. Nevertheless, such is the fact. The wonder is that they do not destroy us outright; that we can live at all amid such a cloud and swarm of infinitesimal vampires, ever eager to prey upon us, and eat out our lives.

That some of the exanthems are occasioned by the invasions and depredations of some of these animalculæ is a fact now well ascertained. To effect a cure, the physician needs only to apply a poison and kill them. In addition to these myriads of animal organisms, there are also equal numbers of living vegetable forms—spores and fungi—covering the earth and floating in the air and swarming in the water. Some of these, admitted to the blood, rapidly develop and multiply and engender disease.

The inorganic poisons once taken into the system, emerge from it sooner or later, unaltered; or entering into more permanent chemical union with the constituent tissues of particular organs, interfere in various ways with their functions. But the organic poisons act differently. Having gained admission to the blood or other fluids of the system they rapidly vitiate them; or, becoming a source of irritation, destroy the vital functions. In the blood they find the requisite conditions: the degree of warmth and the nutriment necessary for their rapid development and sustenance. Being inaccessible by any means yet discovered, they cannot be destroyed, and so run their course, and finally perish, in accordance with the law of their being.

But what is the evidence that there are organic poisons?

1. In the first place, if the hypothesis—for as yet it is little more than an hypothesis—accords with known facts, and accounts for various symptoms of several diseases more satisfactorily than can otherwise be done, we must entertain it. Now, we know that these infinitesimal organisms do abound in infinite profusion; and that they do feed upon and consume the fluids of the living body; and we may infer that if they could but gain admission through the membrane everywhere interposed between these fluids and the external world, they would revel in the rich luxuriance thus offered to their voracity.

2. We know that some diseases are actually produced by the depredation of certain animalculæ, as psora or scabies. Psoriasis and the various forms of porrigo are so similar in symptoms, and so subject to like treatment, that it is highly probable that they are all produced by like causes. We know, also, that vibriones exist in abundance in the pus of internal abscesses, whether they serve as factors in producing and maintaining the disease or not. I instance, also, the well-known presence of entozoa, which in one form or another have been found infesting the alimentary canal and other cavities, and producing disease. These facts, taken in connection with what we now know of the existence of countless varieties of microscopic organisms, of whose disease-producing power we are as yet ignorant, or but partially informed, render it extremely probable that most of our fevers, so called, and especially endemic, epidemic, and contagious diseases, are produced by the presence of some of these infusoria, and their interference with the vital functions.

3. Again, we know that all organic life has its period of existence. This is true, not only of vegetable life, but of all animal life. It is generated. It incubates. It lives. It dies. This is the short history of all organic beings, animal and vegetable. There are certain diseases which have periods corresponding very closely to this order of life. They are generated. They incubate. They run their course and die out; but always disturbing the functions of life; sometimes killing the patient. The *modus operandi* of quinine in the cure of malarial fever has never been satisfactorily explained. Dr. Hyatt, in a paper read before the Ohio State Medical Society a year or two ago, attempted an explanation. He supposed that from some cause there occurs a deficiency of a certain alkaline ingredient of the blood; that quinine for a time supplies this want, and suspends the disease without destroying the producing cause. Hence, when the quinine is exhausted the disease returns. He thinks if we would remove the cause and permanently cure the disease we must use arsenic.

This theory entirely overlooks the significant fact that the disease is wont to return at regularly recurring periods, and only asserts that by one catalysis or chemical change quinine supplies a given want, and that arsenic, by another, destroys the poison which produces the disease. It would, I think, be easier to account for the facts accompanying the cure of intermittent fever by supposing that the disease is occasioned by some organic poison, and that the quinine and the arsenic operate to destroy the zymosis which has been established; and, if continued, will at last destroy any zymosis which may be incubating in the system. There are, doubtless, many other agents which would accomplish the same result, if we but knew them and could apply them. In syphilis, Dr. Hyatt admits an organic poison, which mercury, taken at the proper time, destroys, and thus effects a cure.

In *Braithwaite*, for 1872, a large number of cases of typhoid fever—seventy or more—are reported as having been treated successfully with sulphurous acid, there not being a single failure to cure. Such remarkable success, I grant, is calculated to awaken suspicion as to the genuineness of the report. But it must be admitted that the reporter is in pretty good company; and I instance the account of these cases only as indicating the possible results the healing-art may attain when we come to know more of the causes of disease. If typhoid fever is produced by some organic poison, and sulphuric acid, or carbolic acid, or any other known agent, is competent to destroy it, why not cure every case, if called to the patient before the vital powers have been fatally impaired?

In the last number of *Braithwaite* a case is given of an intelligent young farmer, who, in making a post-morten examination of an animal that had died of some strange disease, had his hand scratched, and was poisoned. Some dogs and hogs that ate of the diseased animal soon died. Alarming symptoms came on, and it was soon discovered that the young man's life was threatened. Large doses of quinine were given and he rapidly recovered. Now, if we suppose, what is highly probable, that some organic poison had entered the blood through the scratch upon his hand, which, like barm in the manufacture of beer, rapidly reproduced itself, and as rapidly vitiated the blood, we can understand that he would have been cured by any anti-zymotic that would destroy the life of the poison.

In a late number of *The Clinic* is the report of a discussion on the subject of hay-fever. Twelve different remedies were suggested as having been tried with advantage; but it was evidently felt that none of them could be relied on. There seemed to be a kind of general agreement or consent that it is a *nervous affection*. Dr. Elliotson long ago suggested, and, I may add, with characteristic discrimination, that disinfectants would probably be useful, and recommended the chloride of lime and of soda—remedies which were afterwards found to be eminently useful in curing the disease.

Some time ago, Dr. J. L. White, of this city, having a case of this disease, and suspecting it might be produced by an organic poison, directed the local application of a

strong solution of quinine, and had the satisfaction of witnessing almost immediate and very decided relief, and in a few days a perfect cure.

According to the latest knowledge on the subject, diphtheria is a miasmatic, contagious disease, during which masses of fermenting parasites are formed; and these parasites carry with them the destroying element, which they convey through the blood and lymph courses more or less rapidly to the whole organism. They can only be destroyed by disinfecting or anti-zymotic remedies. According to Max, Jaffe and Oertel, who have written largely on the subject, sulphur and carbolic acid are the most efficacious remedies that can be employed. See *The Clinic* for September.

Many other cases could be given of diseases which, either in their symptoms or in their successful treatment, demonstrate the possible existence of organic poisons as prolific causes of disease, and the conviction that this is so, daily grows stronger in the minds of medical men, as is abundantly evinced in the current literature of the profession, and in the growing use of disinfectants and anti-zymotics generally.

All substances, animal and vegetable, exist and grow by the generation, reproduction and aggregation of cells. This is true alike of normal and abnormal substances in the animal organism. In their legitimate growth and decay we have the regular process of nature—the regeneration and "wear and tear" of healthy tissue. In their illegitimate growth we have cancer, and all tumors whose processes of life interfere with, and sometimes overmaster and destroy, the affected parts. Thus, all the disease and suffering and death which they produce are but the products of organic but misplaced life—one organism sustaining itself at the expense of another. It is true, we do not yet know in what subtile, perverting power this type of life originates; but we do know that to preserve one life we must destroy another; and the essential difficulty in the cure of such diseases is not unlike that of the farmer who finds it impossible "to gather up the tares without rooting up the wheat also."

If these views be correct—if it is really life that so often produces death—we shall need to abandon many old remedies and depletory measures, and seek for remedies whose life-destroying power is specific, and suited to the several cases that exist. Fortunately, what destroys one life promotes another. Everywhere life survives by producing death; and if we could always know how to protect and properly direct the forces of the better life, it would not be necessary that it should ever yield to the worse—the lower life. While the gastric juice, the bile and intestinal fluids operate to destroy most of the living beings that find their way into the alimentary canal, they are not only harmless, but necessary to the organism which they serve; and we may hope that other agents will be discovered which are innocent as to the human system, but destructive of the parasites and the thousands of microscopic organisms which threaten our health, and which, in the instinctive, eager pursuit of their own life, urge on the work of our destruction.

ESSAY READ BEFORE THE MILITARY TRACT MEDICAL ASSOCIATION.

BY HENRY B. UPTON, M.D., OSCEOLA, ILL.

Mr. President and Gentlemen:

The effort to advance medical science by experimental practice brings to our notice some new remedies every year; and yet disease and death, unmindful of their claimed potent influence, march on unchecked. Could we, as a profession, supply with our powders, pills, solutions, and decoctions, nerve-force as readily as the engineer gives power to his machine, we would be most fortunate indeed.

I am frequently inclined to think that we have *too much materia medica*, and *too little common sense*. I am fully convinced that many of the substances held in high repute by medical professors, and upon which we have often relied as possessing wonderful remedial power, are almost if not totally inert, so far as any action upon the functions of life

are concerned. I have treated cases where ordinary doses of opiates were powerless, but bread pills and small doses of aquæ pura, administered with punctilious regularity, were all-powerful and magical in their action.

While I would not condemn at one sweep the therapeutics of our accepted materia medica, I would most earnestly caution against the too implicit trust sometimes held in their power. The most powerful medicines are the most poisonous, and should be most carefully applied. Meddlesome application of materia medica is as bad as meddlesome midwifery; and the way some of the victims of the profession have been stuffed with villainous compounds, and abluted with multitudinous mixtures — oleaginous, alcoholic, alkaline and aquæous (frequently the quadruple combination) — has been sufficient to carry many to their last long home, where, if they wake to consciousness, they will hope no doctors may come. Still, many recover in spite of wholesale medication—spared monuments, not of the doctor's skill, but of the great recuperative power of nature. The very fact that different members of this Association treat the same abnormal conditions of the human body with such a diversity of remedies, often absolutely opposite in their action, utters volumes in denunciation of any course of practice trusting implicitly upon the virtue in our materia medica. It is more than possible that those who recover would do so without the aid of a physician, although it might not be in a strictly scientific manner. I have three cases to report, where the foregoing remarks are illustrated.

Case I.—Was called to visit a man two miles from my office. The messenger clamored for haste on my part, and I was soon in presence of the patient. He was rolling upon the bed in agony, groaning and shrieking; was, as he expressed it, "dreadful sick at the stomach, and burning up." Found, upon examination, a rapid pulse, and the extremity of the tongue red and raw. The attendants, anxious to *do something*, had been giving him liberal doses of some patent pain-killer, which he described as being "hot as hell." I immediately ordered ice, and directed him to partake of small pieces, and swallow one every three or five minutes, and quietly sat down by the fire to warm and await the result. After eating three or four pieces, he anxiously inquired if I was not going to give him some medicine. I told him to eat a few pieces of ice first. In fifteen minutes he was easier; in twenty-five almost free from pain. With occasional use of ice through the night, when the burning sensation was felt, and a few directions about diet, he immediately recovered, much to the astonishment of the old women, who said, "That there is the fust time the pain-killer did n't cure the colic!"

Case II.—A messenger came in haste, stating that Mr. T— was very sick, and that old Dr.— (a quack) had worked at him several hours, and could not relieve him. I at first refused to attend, as I would not counsel with Dr. ——; but upon being assured that he left just as I was sent for, I hastened to fill the call. Found the patient in great suffering; complained of severe pain in the right inguinal region. I discovered a slight hardness, unnatural to the part, by touch, and diagnosed the case typhlitis. When I arrived there were two persons very laboriously rubbing his arms with ammoniacal liniment. Of course I discontinued that, as it would be as useless as to apply a sinapism to the pedal extremity for epistaxis. I applied a huge suppository of opium, thus endeavoring to relieve pain; ordered hot cloths to the part, often changed, and commenced giving cathartics. All my efforts proved useless; and I concluded to try a purely mechanical relief, for I considered the cause of the inflammation to be impacted fæces. I prepared a quantity of fluid for an enema, using castor oil, soap, salt and water, and nearly three hours I injected with all the force I could get from one of Richardson's syringes. He would declare I was filling him full clear up, and then he would get upon the stool. As soon as he had finished, I would commence again. I knew I must force the fluid to the cœcum, or it would do no good. I was rewarded with complete success before three hours, all the harm done to the patient being to leave him very weak and exhausted. A generous

diet brought him around in three days perfectly cured, and—abundantly able to grumble about the doctor's bill!

Case III.—This is a case instructive only in point of mental action. Was called to see a lady who, having some slight visceral derangement, had a tendency to hypochondriasis. Insomnia being the most marked symptom, I prescribed the usual articles in such cases, without remark. They produced no effect whatever, as she informed me the following day. Taking the matter into careful consideration, I concluded to try an experiment. I prepared some good-sized bread pills, and filled a two ounce vial with water, changing the taste and color with sweet spirits of nitre and tincture of gentian. Armed with these, I called, towards night, and informed her that I had thought carefully upon her case, and had now fixed a medicine which would cause her to sleep sweetly. I enjoined the utmost regularity in the taking of the preparations—first a pill, then in one hour a teaspoonful from the bottle; again in one hour a pill, and so on. I told her that after taking a pill and a teaspoonful a sleepy feeling would be apparent; her eyelids would feel heavy; in one more hour she would feel quite sleepy; but she must not give up to it, but after the next dose she could, and might sleep; and she probably would not awake until morning, unless her bowels should need attention; and I advised that she should make all necessary evacuations the last hour, so that she might rest undisturbed. I left, and upon calling the next day found everything had proceeded as I had set forth. She recovered without further medication, firmly in the belief that I had "hit her case exactly."

I wish to briefly call attention to some of the new remedies, more to elicit experience than to offer any settled views. Gelsemium: The use of, in my practice, unsatisfactory, failing in most cases to obtain the effect claimed by its supporters. Chloral hydrate: Have used it with some success, and find it very useful where I wish to administer a hypnotic with some degree of stimulation. Have found it a valuable remedy with other appropriate treatment in gastric fever. In many cases I have not been pleased with its action; and, although a valuable agent, it can never meet the expectations of its most ardent friends. Sulphite of soda: I have used it with considerable success as an anti-ferment in cases of dyspepsia arising from fermentation. Have found it necessary often to combine with antacids. It is highly recommended by some in all zymotic diseases. I have never given it a trial in that direction. Xylol: This is being used in some places in small-pox, with marked success. It is administered in ten to fifteen drop doses, four times a day, given in wine, syrup or water.

Hospital Reports.

MEDICAL WARDS OF THE MERCY HOSPITAL.

SERVICE OF PROF. N. S. DAVIS, NOV. 6, 1873.

Double Pneumonia.—Mr. G——, a laboring man, aged about 30 years, was admitted into the hospital November 3d, 1873. He informed the house physician that he had been attacked only three days previously with headache, pains in the back and limbs, followed by fever, some cough, with soreness in the chest, and a loose condition of the bowels. At the time of his admission, his expression was dull, with slight flush on the cheeks; tongue slightly coated; skin but little above the natural temperature; respiration short and quick; pulse 100, soft and weak; bowels moving at the rate of eight or ten times in the twenty-four hours; abdomen moderately full and tympanitic; expectoration scanty, and tinged with blood, though the cough was not severe. He was directed a teaspoonful of the emulsion of turpentine and laudanum every three hours, and wheat-flour and milk-porridge for nourishment.

The same evening, however, he became extremely depressed; his skin cool; lips bluish; breathing short, hurried, and accompanied by a great sense of oppression; pulse small, frequent and feeble; and his expectoration bloody mucus. Percussion revealed almost entire dullness over the greater part of the right side of the chest, with a lesser

degree of the same at the lower, lateral part of the left side. There was also strong vibration of voice, or bronchophony, over the right side, and tubular, respiratory sounds. These symptoms and physical signs indicated extensive and rapidly-increasing pneumonic exudation; so extensive, indeed, as to threaten speedily fatal results. Sinapisms were applied freely, both to the chest and extremities; and six grains of carbonate of ammonia dissolved in camphor-water, with the addition of a little camphorated tincture of opium, were given between each of the doses of the emulsion. He also took, during that night, a few times, small doses of brandy in sweetened water.

At my visit on the following day, which was yesterday, the surface and extremities had become warm, but the countenance was still depressed, and lips leaden-hue; the pulse soft and frequent; breathing short and imperfect; mind dull and drowsy; bowels loose; some cough, and expectoration composed of frothy mucus mixed with blood, with the physical signs the same as just described. The carbonate of ammonia mixture, alternately with the emulsion, was directed to be continued, with two grains of sulphate of quinine added to each dose of the latter, and a blister-plaster applied to the right side of the chest. To-day you find him still with a depressed, dull expression of countenance, pro-labia not quite so bluish, and the respiration a little more full; pulse still soft and weak, but less frequent; expectoration more free and less bloody, with nearly the same physical signs as yesterday. After the members of the class had examined the patient, it was stated that the principal objects of further treatment were to sustain the patient—more especially the tone of the vascular system—and to promote the re-absorption of the pulmonary exudations. As the looseness of the bowels had ceased, the emulsion of oil of turpentine and laudanum were omitted; but the two grains of quinine was continued, in connection with the carbonate of ammonia solution, every four hours, and a teaspoonful of the ordinary muriate of ammonia mixture given alternately with it. The regular administration of simple nourishment was also enjoined, as of equal importance with the giving of medicine.*

Sub-Acute Hepatitis, with Dropsy. — Mr. ——, aged 68 years, was admitted to the hospital about the first of October, 1873. He was seven feet and ten inches high; measured fifty-two inches around the chest; and when in good health weighed 395 pounds. For several years he had been on exhibition in different parts of the country as a noted giant. His health had been failing for several months, and when admitted to the hospital he had slight fever, dull pain in the right hypochondrium, loss of appetite, general weakness, and œdema of the lower extremities. On closer examination, there appeared to be a sub-acute inflammation of the liver; a weak and unsteady cardiac impulse, indicating fatty degeneration; moderate serous effusion into the cavity of the peritoneum, in addition to the œdema of the extremities. The urine was scanty, but not albuminous, and the bowels costive. The treatment adopted appeared to have no other effect than to palliate some of the more prominent symptoms. His strength continued to fail; a sense of oppression and dyspnœa was felt on assuming the recumbent posture, which steadily increased, until he was obliged to keep his chair day and night; and finally pericardial effusion with pneumonic congestion of the left lung hastened the fatal result. No post-morten was allowed.

Acute Pleurisy.—Mr. C——, a laboring man, native of Ireland, aged about 35 years, was admitted into the hospital four days since. The history of the case was given to the class, as follows: Two days before admission, or six days since, he was attacked with chilliness, acute pain in the sub-axillary region of the right side, shortness of breath, and some cough, followed by fever. At the time of his admission all these symptoms continued, with the addition of strongly marked dullness, on percussion, over the whole of the right side; absence of respiratory sounds, except at the apex and anterior upper margin

*This patient continued to improve slowly, until convalescence was established.

of that lung, and only very slight expansion of that side on inspiration: while the expansion and respiratory sounds of the left side of the chest were natural. The expectoration was scanty, and sometimes mixed with blood; the pulse 100 per minute, soft and regular; tongue coated; urine scanty; temperature of the body 102° F. Regarding the case as one of pleuritic inflammation, complicated with slight pneumonia and rapidly increasing serous effusion, a moderate-sized blister-plaster was applied to the lower part of the right side of the chest, and one teaspoonful of the following prescription given every three hours:

℞.—Hydrochlorate of ammonia, ʒ iij.
Tart. ant. and pot., grs. ij.
Sulph. morph., grs. iij.
Tinct. digitalis, ʒ i.
Syrup liquorice, ʒ iij.—Mix.

This treatment has been followed by a disappearance of all acute pain; a subsidence of the general febrile symptoms; and a disappearance of the blood from the expectoration. But, on direct individual examination, the members of the class still find complete dullness on percussion over the lower half of the right side of the chest; silence on auscultation over the same part; and only very slight expansile motion in inspiration. The infra-clavicular region of the right side was somewhat flattened, not quite as resonant as natural, and by auscultation gave a sub-crepitant rale in inspiration, and a prolongation of the respiratory murmur through the act of expiration. The physical condition of the left side appeared natural. In commenting on the case, attention was called to the dullness and silence of the axillary, sub-axillary, and posterior regions of the right side, as indicative of pleuritic effusion, while the depression beneath the clavicle, and prolonged respiratory murmur in the same region, justified a suspicion of tubercular deposit. In connection with this, attention was also called to the fact that the patient had a pale, cachectic look, was thin in flesh, and had been subject to frequent attacks of cough for more than a year. These facts, in connection with the present physical condition of the chest, render it very probable that the upper part of the right lung was studded with crude tubercular deposits before the recent inflammatory attack: a fact of much importance in its bearing upon both the prognosis and the treatment. A continuance of moderate counter-irritation on that side, with mild diuretic and alterative medicines internally, will, doubtless, soon remove what remains of the effects of the pleurisy. But if there are tubercular deposits, these will remain, and not only keep the patient from recovering good health, but will also present a strong tendency to take on softening, and the more active symptoms of consumption. This should be anticipated by putting the patient, as early as possible, on such remedies as will promote healthy, active nutrition, and such hygienic regulations as are known to counteract the progress of tuberculosis.

Extraction of Renal Calculus More than a Century Ago.—In a rather scarce book called "Mem., Maxims, and Memoirs, by William Wadd, Esq., F.L.S., Surgeon Extraordinary to the King, London, 1827," I find, on page 21, the following note or memorandum:

"Mr. Paul, a surgeon at Stroud, in Gloucestershire, lately extracted from the kidneys of a woman, by an incision through her back, a rough stone as large as a pigeon's egg, and made an entire cure. It is the first of the kind ever performed in this kingdom. *Gen's Magazine*, Aug., 1733."

This struck me as so extraordinary, and, in view of some recent cases and articles in our medical journals, so interesting, that I thought perhaps you might think it worth a place in your journal. Should you desire it, I might send you some other curious reminiscences from this same book.—Pooley.—*N. Y. Rec.*, Oct. 15, '73.—*The Clinic.*

A Strange Suggestion.—The *St. Louis New Era* makes the following strange suggestion. We hardly think it will be carried into effect. It would be a fatal advertisement for some M.D.'s: "In marriage notices it is usual to give the name of the clergyman who performed the ceremony; and with usual propriety, in obituary notices, the name of the attending physician should be given."—*The Doctor*, Nov. 1, 1873.

THE

MEDICAL EXAMINER.

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EDITED BY

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EDITORIAL.

AN OBSTETRICAL WORK FROM THE GOVERNMENT PRINTING OFFICE.

Some weeks ago we received from the Government Printing Office a folio volume of about five hundred pages, entitled "Report of the Columbia Hospital for Women, and Lying-in-Asylum, Washington, D. C. By J. Henry Thompson, Surgeon-in-Chief."

We refrained from saying anything, either *pro* or *con*, regarding the merits of the work. Some of the journals, however, have been less reserved in expressing their opinions, and, altogether, the work has received a pretty severe handling from the medical press of the country. *The Clinic*, of Cincinnati, quotes from a German paper of that city some comments regarding the book, of which the following are specimens:

"Why, among all the physicians and accoucheurs of this country, just this Thompson in Washington was chosen to have his cases printed at the cost of the Government, and with edifying illustrations, we do not know. We do not believe that children come into the world in Washington differently than in less favored parts of the country. The ways of our Administration are mysterious; and as it has already stretched out its hand after the telegraph and savings-bank business; as it wishes to build canals and railroads, and strives to regulate the money and gold market; as it "protects" manufacturers, and creates National banks; as it ought to irrigate sandy deserts, and in general do everything for everybody, it is a matter of course that it should receive human beings on their birth, and should seek to provide that they come into the world in the correct way.

"Perhaps, merely because our intellect is too limited, we are not able to comprehend the blessings of such a system. We are of opinion that medical works have hitherto been printed by private means, and have found the necessary sale; and that this can remain so for the future. We are further of the opinion that every physician can buy the works he needs himself, and need not obtain them at the cost of the tax-payer. We are further of the opinion that the Government cannot possibly present such a book to every doctor in the United States, but that it would be extremely unjust to present anything to one which it is not ready to give to another. In respect to the work in question, it cannot be asserted that it contains especially important or valuable facts. One of the professors in a medical college here assures us that it contains by no means extraordinary cases, about which one could not learn what is necessary from other sources. The majority of our physicians are of the opinion that it is only a puff for Dr. Thompson, who has the fortune to belong to the favorites of the Administration.

"The printing of such works at the expense of the Government is nothing else than a part of the system of extravagance, preference, and wastefulness under which the country suffers. The Government printing press squanders yearly millions of dollars for books and documents which usually are not worth a hundredth part of what they cost."

OUR PUBLICATION OFFICE.—We would call the attention of our subscribers and friends to the fact that the office of THE MEDICAL EXAMINER has been removed to No. 65 Randolph street, N. W. cor. State, where all communications for the editors should be addressed.

ON THE RADICAL CURE OF HERNIA.—Mr. Bryant, Surgeon to Guy's Hospital, believes that where a hernia can be kept up by a truss, and the patient is likely to remain in a civilized country where trusses can be obtained, any operation for the radical cure is unjustifiable. To risk the life of the patient on the theory of a cure, with the probability that he will be rendered less liable to its descent, when a truss has to be worn subsequent to the operation as a matter of safety, is, he says, a practical delusion.—*The Practice of Surgery; a Manual.* London. 1872.

Society Reports.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

MEETING OF NOVEMBER 10, 1873.

Reported by Plym. S. Hayes, M.D.

This Society was organized after the fire for the benefit of physicians resident in the southern portion of the city; but has since added to its numbers those practicing in both the North and West Divisions, and increased to such an extent that it was considered desirable to hold its meetings in a more central location. For this reason the meeting was called in the Grand Pacific Hotel.

The meeting was called to order at 8 P.M., by the Vice-President, in the absence of the President, Dr. A. Fisher. There were forty present, including the President, Secretary, and several members of the Chicago Medical Society, and some representatives of the Illinois State Microscopical Society.

The Chairman of the Committee on Permanent Place of Meeting reported on the subject in full. The report was accepted, the Committee discharged, and the final consideration of the subject deferred to the next regular meeting.

Dr. John Bartlett then read a paper, entitled, "On a Marsh Plant from the Mississippi Ague-Bottoms, supposed to be kindred to the Gemiasma of Salisbury, with a Consideration of its Genetic Relations to Malarial Diseases."

The first section of the paper reviewed Salisbury's article on the Palmella Plant, which appeared in 1866 in the *American Journal of the Medical Sciences*, and concluded with an account of Dr. Bartlett's observations at Keokuk in 1871, and at Riverside and Lemont during the summer of 1873, when no fungi were discovered, and no malarial fevers prevailed in the two places named.

The second section set forth the relation of the plants to the endemics of East Keokuk. In 1871 the Mississippi bottoms were covered with an abundant growth of these fungi, and ague was exceedingly prevalent. During the early portion of the last season the plants were very scarce, and could be found only after a prolonged search. At this time there was little malarial fever. Later in the season the "ague-plants" were more abundant than in 1871, and miasmatic disorders were as frequent and severe as during the preceding endemic.

The third section gave a description of the plant. Its appearance, in what seems to be the first stage of its growth, corresponded to the hygrogastrum of Rabenhorst. It had, however, other phases of development than those described by this botanist. The globular portion of the plant collapsed, after which the cells composing the globe-wall developed and extruded spores. From these spores were developed two remarkable features, viz.: crystalloid bodies and crystalline, mycelium-like threads. From these crystalline developments sprang the mother-plant, thus completing the cycle of growth. By far the most interesting feature of this plant, however, was the character of its spore-contents. These spores were not seed. They contained a protoplasmic fluid, in which appeared germinal particles, minute cells, rapidly multiplying and forming the crystalloid bodies and crystalline threads. The spores, as well as the free germinal particles, were caught on slides placed over the plant at night. The germinal atom was exceedingly small—less than one fifteen-thousandth part of an inch. These atoms were detected by Dr. Bartlett in his own blood and secretions, as well as in the blood and excretion of ague patients. In blood and urine left upon a slide the multiplication of the atoms was rapid, as was also the development (from the particles) of the crystalloid substances above described.

The fourth section considered the zymotic character of malarial fevers, and adduced the facts going to show that the exciting cause was the "germinal atoms" of the fungi. The history of malarial fevers was reviewed, and an explanation given of the organic lesions which they occasion. He thought that the "germinal atoms" operated upon the blood in the manner of a ferment, appropriating

nutritious material for their use and multiplication, as the yeast and vinegar-plants consume the fluid in which they grow.

A fifth section referred to the light thrown by this discovery upon the etiology of cholera and yellow fever.

The sixth and last section considered the prophylactic treatment of ague, so far as regarded destroying or rendering innocuous the malarial fungi. This was to be effected by flooding them with water (which destroyed their virulent power); by covering them with ashes or similar substances; by surrounding them with foliage, particularly that of the pine and eucalyptus globulus; and finally, by the use of some remedy yet to be discovered, which would destroy the germinal atoms after their introduction into the system, without danger or inconvenience resulting from its continued use.

Dr. Bartlett concluded by a reference to the discoveries of Dr. Salisbury. He was inclined to regard the palmellæ, imperfectly described by Prof. Salisbury, as the same cells which may be seen in one phase of the growth of the plant here referred to. He regarded the minute cell described by Salisbury as the "spore" of the palmellæ, as nothing else than the germinal particle discovered by himself: though Salisbury described it as having a nucleus and cell-wall, while neither of these elements of structure were apparent to Dr. Bartlett.

On the conclusion of the reading, the Society adjourned, and an opportunity was afforded for the inspection of the microscopical preparations of the plants in every stage of development; of the "germinal atoms" visible in the blood of the essayist, who had for some weeks past experienced symptoms of remittent fever, in consequence of the exposure incidental to his extended researches; and colored sketches exhibiting the plant as it appears when growing in the mud of the ague-bottoms.

MEETING OF NOVEMBER 24TH, 1873.

The Society met in Parlor No. 1 of the Grand Pacific Hotel, the Vice-President in the chair. The minutes of the preceding meeting were read and approved.

The determination of the question as to the *permanent* place of meeting being the special order of the hour, Dr. Powell moved that that portion of the Committee's report having refence to the proposal of the proprietors of the Grand Pacific Hotel be accepted, and that hereafter the Society shall meet in the central portion of the city, and in the Grand Pacific Hotel. The motion prevailed with a large majority.

Five names of physicians were proposed for membership.

Dr. Hyde then read a review of John Hall's translation of Lanfranc's Surgery, published in London in 1565, in black letter. The volume had been recently procured of an antiquary in England by Dr. Chas. Gilman Smith, of this city. Various extracts were read from the pages of the work in connection with an historical sketch of the condition of surgery and anatomical science in the middle of the 16th century.

The Socity then adjourned.

Gleanings from Our Exchanges.

CLINICAL LECTURE ON PUERPERAL CONVULSIONS.—BY PROF. W. T. LUSK, M.D.—In cases of puerperal convulsions, sometimes prodromata warn us of the impending explosion, but often enough they are entirely absent; so that, whether they exist or not, it is well to occasionally examine the urine of a pregnant woman.

When any of the ordinary prodromata are present, such as œdema of the feet and hands, puffiness of the face, singing in the ears, dimness of vision, and, what is very suspicious, the existence of certain inveterate neuralgic ailments, and at the same time albumen is detected in the urine, a shrewd guess may be hazarded that the woman will have convulsions. But even with these conditions convulsions do not necessarily take place. However, it is well to accept the warnings, and place the woman upon such treatment as shall tend to prevent the development of eclampsia. The best means for the accomplishment of this end consists in most cases in the employment of remedies likely to improve the condition of the blood, which is usually watery and much impaired in quality. Among

our most reliable agents, in addition to good food, are the muriated tincture of iron and the chlorate of potash. Milk should enter largely into the diet, both on account of its nutritive properties and its special action upon the kidneys. The skin should be maintained in a healthy condition by warm baths. Diuretics and hydragogue cathartics are indicated only when the diminution in the quantity of the urine, or the lowering of the specific gravity, threatens the patient with an immediate pressing danger.

As exceptions to the foregoing directions are those cases where the women are plethoric rather than hydremic. In these, a reducing diet, saline cathartics, and sometimes even venesection to a moderate extent, may be resorted to. Formerly, all women were bled during pregnancy; and many an old woman will tell you now-a-days that in her time, when bleeding was the rule, they never had puerperal fever, or any of the dreaded accidents of the present day. Now we have passed to the opposite extreme. Cazeaux has convinced us all that the condition of a pregnant woman is either that of anemia or chlorosis. There is, however, some doubt, in spite of the chemists, whether this rule is sweepingly correct. In some primiparæ gestation appears to occasion an enormous increase of appetite; and I confess that I have at times found it impossible, in the absence of any physical signs, to associate with the rosy lips and brilliant coloring of many of these patients any idea of anemia. In such cases, should there be manifested any marked evidences of cerebral hyperemia, I should strongly incline toward the employment of the lancet, for the sake of the immediate relief venesection occasions.

That bleeding is not necessarily the fatal operation which it is assumed to be to-day, is shown by the case reported by Cavalli, of Maria Besana, who was bled in twenty-eight years three thousand five hundred times.

The treatment of the convulsions proper depends somewhat upon our views concerning their origin.

The popular belief undoubtedly is, that they are due to the accumulation of urea in the organism, and that the presence of albumen in the urine during the seizure is to be accepted as the evidence that such an accumulation has been in progress. In connection with this theory, however, the following facts are to be borne in mind: 1. A considerable number of observations where the urine presented no traces of albumen, either before or after the convulsions. 2. A still larger collection of cases in which the albumen appeared subsequent to, but not previous to, the outbreak. The observation of this peculiarity is often ascribed to Braxton Hicks, though, as a matter of fact, his paper published in the "Obstetrical Transactions" of 1867 simply shows that he was at the time ignorant of the extent to which the matter had already been discussed in Germany. 3. When the kidneys are examined, after death, the changes found in them are usually very trivial. 4. Bright's disease existing before pregnancy is far from giving occasion to an unfavorable prognosis. I know one lady who had Bright's disease previous to her marriage, and has now had four children, yet she has never had convulsions. Another lady had one child after the disease of the kidneys had reached an advanced stage, yet there were no convulsions, though she died from the kidney affection about eighteen months afterward. Seyfert found that out of eighty pregnant women suffering from confirmed Bright's disease, only two had convulsions. 5. Patients suffering from carcinoma uteri may die from hæmorrhage, septicemia, marasmus, peritonitis, etc.; but in many cases the cancerous infiltration invades the bladder and produces occlusion of the ureters, so that death results from suppression of the urine. Many cases of death from this cause, among them fifty-four reported by Cornil and Ranvier, stand recorded as having terminated without convulsions. Each new case of this description is usually reported with a certain species of surprise by the attending physician.

Notwithstanding these facts, however, I am not to be understood as altogether rejecting the uremic theory. Clinically it remains true that albumen in the urine during pregnancy is a frequent precursor of convulsions. Often I have found, in cases of eclampsia to which I have been summoned, a total suspension at the time of the urinary secretion. Not long since I saw a patient who had already had three convulsions, and was then in the fourth. As the head was low down on the perineum, I determined to use the forceps and deliver at once. On introducing the catheter as a preliminary, I drew off three pints of retained urine from the bladder. After that the convulsions ceased. In order that uremic phenomena should be produced, it is necessary that the accumulation of urea in the tissues and fluids of the body should have gone on to a certain non-determinable extent. In cases where little food is taken, and the patient is quiet in bed, the production of urea may be very small, so that in the patients suffering from the cancerous affections above noted, death may take place from the pain

caused by the distension of the ureters before a sufficient amount of urea is stored up in the system to give rise to uremic symptoms.

Certainly all cases, however, are not due to blood-poisoning. In some women the pregnant condition induces an undue excitability of the nervous system. All the tissues of the body are depreciated, and the nervous system acquires an excessive reflex susceptibility. Pressure upon the peripheral nerves during labor becomes the direct exciting case of the explosion.

Traube and Rosenstein look upon puerperal convulsions as due to anemia of the brain. The first step in the production of this condition is an hydremic state of the blood. An increased pressure in the capillaries of the brain arises from hypertrophy of the heart, which is a constant acompaniment of pregnancy, and the interference with the venous circulation due to the gravid uterus. Œdema of the brain results, and as the skull is unyielding, secondarily the vessels of the brain suffer compression, and the consequent anemia gives rise to convulsions.

On the other hand, plethoric women do have convulsions, which perhaps are due to congestion of the spinal cord.

Probably we are nearest the truth when we adopt the view that causes of puerperal convulsion are multiform. When we come to treatment, we find that, even on theoretical grounds, beneficial results are to be expected in many instances from venesection. In uremia, bleeding helps to unload the system temporarily of a part of its poison; in plethoric persons it relieves the congestion; in threatened œdema of the brain it may ward off permanent damage to the cerebral organ. In nervous anemic persons, where the origin is due to reflex excitability, it can only aggravate the disorder, and exposes such women afterward to peritoneal inflammations. Its virtue lies, it is to be remembered, however, purely in the fact that in the face of an immediate threatening danger a little time may be gained by its employment. Therefore, unless my patient is not already greatly depressed, I do not hesitate to draw from the arm twelve to sixteen ounces of blood.

Then I resort to anæsthesia, pushed to an extent sufficient not only to destroy sensibility, but likewise to overpower the voluntary motor-nerves of the body. Hypodermic injections of morphia (gr. $\frac{1}{3}$, repeated, if required once or twice) support the action of the anæsthetic, and render much less of the agent necessary. Anæsthetics and narcotics, I am sure from experience, often succeed, after moderate venesection, where previously they had failed.

But anæsthesia must must not be maintained indefinitely. When kept up for from twenty-four to forty-eight hours, it is pretty certain that the child will fall a victim to such prolonged employment. It therefore becomes incumbent to empty the uterus as soon as practicable. If labor has somewhat progressed, this is to be accomplished by forceps or version, according to the nature of the case. In the earlier stages, the Barnes dilators render us excellent service. If the cervix is too narrow to admit the smallest size, I begin with a sponge-tent. Manual dilatation is at all times a detestable practice. After dilatation the cervix is often œdematous, and then, if the head has not descended, forceps are to be used with the greatest caution.

After the labor is over, if the convulsions continue, they may be controlled by hypodermic injections of morphia. Chloroform, after confinement, is no longer a safe agent.

The patient* whose delivery you witnessed has, since her confinement, been put upon the following mixture:

℞.—Infusi. digitalis, ℥ iv.
Potassæ acetat., ʒ j.
Solv.

Tablespoonful every four hours. Her kidneys are now acting freely.—*The Medical Record*, Oct., 1873.

On the Prevention of Uterine Inflammation. — By Edward J. Tilt, M.D. — The author gave it as an admitted fact that the most frequent cause of uterine inflammation was to be found in parturition and in abortion; and his own experience led him to believe that a tedious labor and a bad miscarriage could hardly occur without entailing more or less of uterine inflammation; frequently overlooked in its onset by the medical attendant, metritis in one form or another being the almost inevitable sequel of such cases, although many years might elapse before the disease was recognized. The author proceeded to answer the following questions: 1. What are the symptoms of a bad getting up? 2. What are the organic lesions of a bad getting up that lead to uterine inflammation? 3. How to prevent a natural function from becoming a frequent cause of metritis? 1. After tracing the symptoms of a bad getting up, the author deprecated the little attention paid to the persistence of a red or muco-purulent vaginal discharge for a month or more after parturition. He wished such cases to be carefully inquired into, instead of being treated in a hap-hazard fashion by tonics and change of air. 2. Although a natural function, parturition had too often

* History of case omitted.

untoward results, such as defective uterine involution, placental ulceration of the womb, contusion and laceration of the cervix. Laceration of the cervix was represented as very common, particularly after tedious and instrumental labors. The healing by first intention of these lacerations was given as the rule when they were not extensive, and when women were healthy; but if, on the contrary, these lacerations were extensive, they did not heal in sickly women, and had originated some of the worst cases of uterine inflammation that the author had seen. Under similar unfavorable circumstances of health, the bruising of the cervix by a tedious labor was represented as beyond the power of the womb to repair, unless by the repair of ulceration thus produced. Ulceration of that part of the womb to which the placenta had been attached was considered a rare disease, sometimes following the forcible tearing away of the placenta from the wound, and originating one form of internal metritis characterized by frequent flooding. The most important and most frequent cause of uterine inflammation, and of other diseases of the womb, was said to be defective uterine involution. To an exaggerated belief in the safety of a natural function was ascribed the fact that medical men too often neglected to ascertain accurately what were the organic lesions that impeded a patient's recovery after parturition; so that, as a rule, defective involution was only recognized when time had confirmed and made it more difficult to cure. 3. The measures calculated to prevent parturition being a frequent source of metritis, were represented to be the logical deduction of the right appreciation of the damage done to the womb by parturition; and it was strongly urged that when, at the end of four or five weeks after parturition, notwithstanding fair nursing, food, wine, and tonics, women still continued weak, with persistent back-pain and muco-purulent or red vaginal discharges, instead of blindly trusting to nature, it would be wiser to ascertain, by an accurate examination, whether the inability to recover health did not depend on one of those organic lesions that could not be cured without the calling in of surgery in aid of nature. The same line of conduct was advised when women were recovering from parturition who had previously suffered from uterine disease, on account of its liability to relapse. The unusual severity of uterine inflammation that originated in abortion was said to depend on the absence of definite rules of conduct to be observed by women after miscarriage, and on the little care they then took of themselves; whereas Dr. Tilt wished the profession could persuade the public that a month of convalescence was not too much to exact after a moderate bad miscarriage; and that if, at the end of that time, a patient did not recover strength, could not walk, had pelvic pains, and a red or muco-purulent vaginal discharge, the cause of these symptoms should be carefully investigated. The author stated the difficulty of curing defective uterine involution to be in direct proportion to the time it had already lasted; and he therefore urged its speedy recognition. He recommended leeching the cervix if there were signs of active congestion of the womb, the internal administration of ergot and of iodide of potassium, the painting of the lower part of the abdomen with oleate of mercury, and vaginal injections. It was also admitted that pregnancy had sometimes cured the mischief done by a previous one.

Dr. Tilt concluded by emphatically asserting that, by a judicious management of lying-in women, and of those recovering from abortion, uterine irritation and congestion would be reduced, and lacerations healed; and that uterine inflammation would be checked in its origin, and, at all events, its acuteness and duration would be greatly diminished.

Dr. Steele (Liverpool) doubted the utility of vaginal injections as curative agents in inflammation within the cavity of the cervix or uterus, which could only be successfully combated by medication at the seat of the disease. He also thought there would be some difficulty in so localizing internal metritis as to justify the term placental ulceration.

Dr. Thomson (Edinburgh) believed that subinvolution was a frequent cause of uterine ailment.

Mr. Bracey (Birmingham) endorsed many of the views expressed in the paper, which he regarded as a most valuable communication. He understood that vaginal examination was recommended only when convalescence did not proceed favorably.

Substitution of Goat's Milk from the Living Animal for the Sucking-Bottle.—Dr. H. MacCormac maintains that goat's milk may be abstracted from the living animal, and transferred at once to the infant's stomach, by means of a tube provided with an artificial nipple. In this way it is thought the mortality hitherto attendant on artificial lactation may be greatly diminished.—*Boston Medical Journal*, Oct. 23, 1873.

According to French papers, M. Nelaton has left 7,000,000 francs, or £280,000. He had private means, and amassed a considerable sum of money by his profession.

VAGINAL OVARIOTOMY.—Dr. Gilmore, of New Orleans, reports in a letter to Dr. Thomas, of New York, a successful case of vaginal ovariotomy performed on the wife of a physician, with the following conclusion:

Peaslee does your operation great injustice when he says it is not less hazardous than abdominal section. The vaginal tissues are possessed of a high degree of vitality, and there is not in the line of incision either fat or tendinous structures that are lowly organized to interfere with immediate union. Then, again, there are no muscles in proximity, which, called into action, would interfere with union. All these obstacles to immediate union exist in the abdominal section. Indeed, I intend hereafter, in all cases that I meet, in which I suspect an unilocular cyst, and especially when it crowds down into the pelvis posterior to the uterus, to open the vagina and tap the tumor, and, if possible, to drag it through the vaginal opening. If I fail in this, I can hold in reserve the abdominal opening, and thereby free drainage would be obtained through the vagina. Peaslee objects to it on the grounds of its being an operation difficult of execution. In a deep vagina it would be: and deep vaginæ are usually found in fat women, who are bad subjects for ovariotomy. But in the great majority of women the operation is not difficult of execution. In the case I operated on I found the whole procedure extremely simple and easy. The whole operation was executed without a change of posture, and consumed only about ten minutes. Peaslee's third objection is fully answered by the fact that in my case the whole ovary was removed.—*New Orleans Medical and Surgical Journal*, Nov., 1873.

UNFORTUNATE CASE OF SNEEZING.—In a letter, Dr. Y. A. Winn says, "I will mention a very singular case — singular to me at least. A gentleman informs me that when prompted to sexual commerce he is seized, immediately prior to the act, with a fit of violent sneezing: not unfrequently even the *thought* of coition produces this effect. The gentleman being married, we are a loss for a satisfactory remedy. Fortunately his wife has never *apparently* noticed this peculiarity. If she should, and he did much sneezing in the presence of other ladies, even *sneezing* might be a sufficient ground for divorce.— *West'n Lancet.* —*Phil. Times*, Oct. 15, '73.

BROWN-SEQUARD and Segiun's Journal, *The Archives of Scientific and Practical Medicine*, ceased with the November (the sixth) No.

Too much nerve-force and too high temperature for our climate.

Book Reviews.

Lectures on Diseases and Injuries of the Ear. Delivered at St. George's Hospital, by W. B. Dalby, F.R.C.S. With 21 illustrations. Philadelphia: Lindsay & Blakiston.

This is a small octavo of 224 pages. In the eleven lectures of which it is made up, all the topics appertaining to the subject of diseases and injury of the ear seem to be considered, in a somewhat brief but decidedly clear and practical manner. An abstract of most of these lectures appeared in the *London Lancet* during the year 1872. With a few additions and alterations, the author has gathered them together in the present form, and rendered them sufficiently complete, so that the little volume may serve as a concise, practical textbook for the student or practitioner.

Laceration of the Female Perineum and Vesico-Vaginal Fistula; their History and Treatment. By D. Hayes Agnew, M. D. With numerous illustrations. 8vo. 137 pp. Philadelphia: Lindsay & Blakiston. 1873.

The subjects here presented appeared several years ago—the first in the *Pennsylvania Hospital Reports*, and the second in the pages of the *Medical and Surgical Reporter*, Philadelphia.

The interest and value of the papers, as originally published, causing frequent inquiry to be made for them, the author has been induced to gather them together in the present form. The pages are numerously and finely illustrated, showing the various instruments used in the operations, and their modes of application, etc.

On the Treatment of Diseases of the Skin; with an Analysis of Eleven Thousand Consecutive Cases. By Dr. McCall Anderson. 8vo. 80 pp. Philadelphia: Henry C. Lea. (For sale by Jansen, McClurg & Co., Chicago.)

The author has engrafted a good many new ideas, and a large amount of valuable information regarding the treatment of skin diseases, into this little work.

Original Communications.

THE DOCTRINE OF POISONS.

AN ESSAY READ BEFORE THE MILITARY TRACT MEDICAL ASSOCIATION, AT GALVA, JULY 8, '73. BY HIRAM NANCE, M.D., OF KEWANEE, ILL.

Medical science is so full of matter that is both scientific and practical, that a physician who has been in practice even for a few years should be able to give a synopsis of his every-day experience that may be of some interest to his professional friends. And as our Association only meets semi-annually, it behooves us to make our essays and discussions as practical as we conveniently can.

I wish to call your attention to the subject of Toxicology, or the Doctrine of Poisons, and more especially cases of poisoning that have come under my own care during my professional life. I am quite assured that this subject does not meet with the attention that it deserves; and that many cases of poisoning, in every community, are treated as ordinary diseases and as originating from unavoidable causes, when, if the facts were known, poison in some way would be the cause. Poisons, in an indirect way, gain admission into the system very frequently—such as the poison of small-pox, scarlatina, typhus and typhoid; and all of those diseases are supposed to be of a contagious character. But of this character of diseases it is not my purpose to treat, but shall direct your attention to specific poisons as defined by Taylor. He says a poison is a substance which, when admitted in small quantity, is capable of acting deleteriously on the body. This definition, though usually and commonly explained, has its objections, as poisons may be used in either large or small quantities and produce their toxic effect.

We should all be on the alert when called to a person taken suddenly ill after having eaten anything, for upon our diagnosis frequently depends the life of our patient. I think, in cases of illness occurring suddenly, where the patient is vomiting, purging, with tenesmus, pain, etc., and during an epidemic of cholera morbus, diarrhœa, and other gastro-intestinal diseases, that we are too apt to be satisfied that the disease is idiopathic, and not depending upon the maladministration of any deleterious agent. As a physician, pathologist, or medical jurist, we are all interested in the peculiar effects of poisons. The physician must know the properties of his medicines, especially those remedies usually styled *heroic;* and without *heroic* remedies, what is our profession but a mere bagatelle—a mere game of chance; one that you can *cut* and *dry?*

But, gentlemen, we claim that though many imperfections may surround our beloved profession, that we are not *dead-heads*, but that a *halo* of science encircles the calling which we have made our choice. If we repudiate all our valuable and thoroughly-acting agents, we run into an expectant plan of treatment, and our science lapses into an infinitesimal, or homœopathic humbug. I mean by this that our valuable remedies, in chemistry and materia medica, are really not poisons, but that most of them, by maladministration, can be made such. It seems to be a law of nature that all good things, if improperly administered or used, are followed by a penalty; and this law equally applies to medical agents. How necessary, then, is it for us, as practicing physicians, to carefully study the effects of medicine on the system in large and small doses, and to carefully draw the distinction and diagnostic marks between ordinary disease and the effects of poisons. I am aware that many diseases so closely resemble the effects of poison that it is extremely difficult for even an experienced adept in toxicology to correctly diagnose the difference; but let us study this science carefully and thoroughly and we will save many lives, and not disgrace ourselves as medical jurists before the scrutinizing barrister, or learned court. You have all felt chagrined and humiliated, in sympathy with our medical or surgical experts put on the witness-stand; and in no place can a physician gain more applause, or receive the denunciations and opprobriums of the profession and public, than in appearing before a judicial tribunal in a case where one of our peers is arraigned for poisoning one of our fellow-men. Then, gentlemen, you see the importance of thoroughly understanding the subject of toxicology, and being ready at all times when called to a patient, if there is anything peculiar in his or her symptoms, to at least clandestinely suspicion the administration of poisons. In order to be prepared to meet those cases as they arise, we must not be as the lawyer, who, when consulted by his client in a case of assault and battery or malpractice, can tell him: "Well, call to-morrow, and I will have your case looked up." No, this won't do; we must be minute-men! ready at all times to make the diagnosis and found the treatment. An inability thus to act probably results in the death of our patient, and to our public disgrace. If not publicly disgraced, and the community are disposed to throw around us

the mantle of charity for our ignorance, yet this want of knowledge keeps coming up in our minds, and the thought is constantly presenting itself: Well, I ought to have known more. I ought to have been better posted.

Cases of poisoning occur in all communities much more frequently, I think, than is generally supposed. It is no unusual thing to hear of a sudden death from vomiting and purging, from apoplexy, from chronic diarrhœa, from dyspepsia and diseases of the stomach, from sudden inflammation of the bowels, from hysteritis, and peritonitis. Sometimes our subject is found cold and rigid in the bed in the morning; sometimes the features turgid and apoplectic; sometimes the countenance remains placid, and the features but little changed. Now, gentlemen, any of those persons described may have died from the effects of ordinary disease, produced by ordinary causes; or they may have died from the secret administration of some of our medicinal agents.

Arsenic, in the form of *arsenious acid*, from its almost entire insipidity, has been most usually selected by the murderer to do his work. He can administer it in small doses, rarely producing vomiting, but acting slowly and insidiously on the mucus tissue of the stomach, the person to whom the poison is being administered rarely even suspecting anything being administered to his detriment. And when he calls to see his learned physician, he tells him: "Well, sir, you have dyspepsia, indigestion, or a kind of chronic gastritis; and by care in diet, and a little light medicine, you will soon be well." Thus the case goes on from day to day, from week to week, until the poor patient wears out with his dyspepsia, and death closes the scene, and no one, not even the doctor, suspected anything wrong. Those cases occurring in Washington City during the short administration of President Taylor, called the "White House Poisoning," were something of this kind. Though no proof, I believe, was ever produced to prove that a process of slow poisoning was practiced, yet most persons felt quite convinced that this was the case. There are two views held by toxicologists in regard to arsenical poisoning by the slow process: one holding that the poison, in small doses, is *not* cumulative, and the lesser number advocating the view that its long-continued use, in small doses, *is* cumulative, and that all of a sudden the specific action of the poison may show itself by vomiting, purging, great prostration, coldness, lividity of the surface, sunken eyes, frequent small pulse, a peculiar husky voice, leading rapidly to death.

A few years ago, while practicing in Stark county, a gentleman called on me just at evening, urging me to call and see his family—five of them, wife and four children. I was somewhat startled on his informing me that so many were sick, and inquired what they had ate for dinner. He said nothing unusual. I then asked him if he ate dinner at home; he said not—he was perfectly well. I now started to the house to see them, he accompanying me. On the way, I inquired if any other persons had dined with them; he said yes. Now, said I to him, we will hurry to your house, and then you send a messenger to the house of the lady that dined with your family, and see if she is not suffering from the same symptoms that your family are. The messenger was sent, and soon returned, stating that she was *very ill*—vomiting, purging, and all the ordinary symptoms of arsenical poisoning which I have described.

I now felt convinced that the family were poisoned, as all who partook of the dinner were very ill. I diagnosed arsenical poisoning; but to prove my diagnosis, and apply my antidote, was the next thing. I could easily give what I supposed to be the antidote, and was so well convinced that I was correct, that I immediately administered the hydrated sesqui oxide of iron to them all, and sent some to the young lady who was so unfortunate as to eat of the good dinner. Am happy to state all recovered. But my mission was not done until I was fully satisfied where this poison came from. I made scrutinizing inquiries of Mrs. White, and learned that no one but the family and the young lady had been about the house that day. No provisions of any kind had been sent in by any person. No unusual diet of any kind had been indulged in, with the exception of mince-pie. Here, I thought, I had my case. But how could mince-pie cause arsenical poisoning? The pie was produced; nothing unusual about its appearance or taste; but the plate, a common queensware or potters' plate, was cracked in a thousand little places in the glazing. I made rigid inquiries as to what she could have had on the plate; but it was not until the next day that the thought presented itself to her that the autumn before she had been using *fly-poison* on the plate—*cobalt*—which contains, usually, a large amount of arsenious acid. The poison had settled down in the little cracks, and in baking the pie the deleterious agent had diffused itself in the pie. The question now arises: What if my diagnosis had been incorrect, and I had not given the antidote, what would have been the result? Any of your judgments would be equally as good

as mine in this case. Would enough arsenic be absorbed in the fissures of the plate, and be expelled by the heat into the pie, to cause death in any of those cases, had the antidote not been given? They might all have recovered; but I would prefer eating my pie, and feeding my children on pie, not baked on arsenical plates.

A few years after seeing those cases of arsenical poisoning, I was called in the country, four or five miles distant, to visit a family suffering in the same way. Symptoms not unlike Asiatic cholera; great prostration; eyes sunken and turgid; profuse sweats; almost constant vomiting and diarrhœa; hoarseness; small, quick pulse, etc. There were five or six in the family, all sick but the father. As cholera was not prevailing, I could not compare the disease to anything but arsenical poisoning. Gave the usual antidote, and my patients all finally recovered, but not for some days. The same family, months afterwards, suffered in the same way. I was called again, and gave the same treatment. And I learned, after I left that community, that they had another attack, and a physician from this place was called. What his diagnosis and treatment were I never learned.

But the peculiarity in the case was, that the husband and father never suffered any of those attacks; and I believed him to be the guilty party in the administration of the supposed poison; and on making inquiries it seems that he had formerly been insane in the Eastern States, before emigrating here; and I believe he possessed an insane impulse, or monomania, on poisoning his family.

The carelessness of leaving arsenic and other poisons lying around in convenient places for persons to get hold of, and without any mark or label, should be sufficient cause for legal action; and the person thus found guilty should be punished to the amount of damage sustained; and in case the poisoning results in death, then the poisoner should be punished as any criminal guilty of murder in the second or first degree. We, as physicians or druggists, are held responsible for the maladministration of medicines, or for an error in writing a prescription, or error in filling the same; and why should any sensible man or woman not be held to the same accountability?

In this connection I refer you to the case of the Rev. Mr. Wolliscroft, a former highly educated minister of the M. E. Church, who preached in this locality some fifteen or twenty years ago. He had been traveling all day. Called on friends in Peoria, and enjoyed a good supper with them. On going to bed he made the remark to the good lady of the house that he had a *sour stomach.* She remarked she had some magnesia which would soon remedy that, and gave him what she called magnesia. He partook of it plentifully and went to bed. In three or four hours he was waked up vomiting. He called his friends to him fearing something was wrong. The lady became alarmed, looked to her magnesia and found it was arsenious acid. Next day the good man was a corpse. I look upon this as *legal* carelessness, and not to be excused only before the prosecuting attorney, judge and jury. If one of the citizens of Galva is prosecuted for permitting a physician to come in his drug-store and taking or giving to one of his associates extract of belladonna instead of extract of taraxacum, and the good jury see fit to fine him for damages sustained because he is a druggist, then why not punish with equal severity any person or persons permitting poisons to lie around without any mark or label? I am happy to state that, either by general consent or legal enactment, our druggists are now all fixing the cross-bones on every poison that leaves their stores; and the law of our State is such that no package can leave a druggist's store without the physician's inscription on it, in case of prescription, or, when ordered by the bearer, the name of the medicine. This is certainly a step in the right direction; and now let us make the responsibility rest on the non-professional as well as on us.

Poisoning from opium and its various preparations is so common that I presume few of my medical friends have not seen cases of it. I call your attention to a case I attended some years since: A Swede, residing six or eight miles away, called on me in the latter part of the night, saying his brother (a young man) was suffering from severe pain in the bowels. I prescribed and sent him three or four powders, each containing about ¼ gr. morphine, ordered them given every two or three hours, until relieved, and if not better by 7 or 8 o'clock in the morning, to send for me. He returned before the time appointed, but instead of saying his brother was in pain, said he was so stupid he could not be aroused under any circumstances. I suspicioned *opium poisoning;* and as he was one of those *half-fool* doctors himself, I suspected he had been giving opium before he came for me. My suspicion was correct, as he acknowledged giving him two or three teaspoonfuls of a preparation of opium and whisky, which he had formerly got and prepared himself and kept in the house. Found the patient in a complete comatose state. Pulse about 100

or 110; respirations about eight or ten; profuse sweat; countenance purple and turgid; heart beating as if he had hypertrophy of this organ; eyes about half closed, and no treatment could induce him to open them. I immediately bled him copiously. Gave him sul. zinci as an emetic, but it produced but little effect. Removed all clothing but shirt and drawers; applied sinapisms to feet and legs; poured down hot coffee, and raised him in an erect position, and kept him in motion, by a man on each side of him occasionally using flagellation by using keen switches to the surface. I sent for a physician to assist me. The treatment was not changed, but continued by us for thirteen hours before the effects wore off sufficiently for him to speak. He recovered perfectly.

The wife of a very near friend and relative of mine found her fine little babe in the night a little pained and restless. She got up and gave it half a teaspoonful of what she thought was *paregoric*. The babe slept sweetly until morning, then awoke her by its heavy breathing, and immediately went into convulsions, and by breakfast time it was a corpse. The medicine given proved on inspection to be tincture of opium, hanging up by the side of the paregoric bottle.

J. M., living six miles from Kewanee, called on me to see his baby, aged about one year. When I got there found it dying from the effects of opium. The father and mother had been giving it a quack preparation of Dr. Janes', in doses six or eight times the amount specified in the instructions.

Of the *treatment*, but little more can be added. Emetics of sul. zinci or sul. copper, stomach-pump, cold douches, coffee, decoction of galls, and recently belladonna in full doses, and by hypodermic injections, have been used. I have no experience with the last-named remedy.

I have seen one or two cases, in my early practice, of partial poisoning from my own administration of tartarized antimony, in cases of *croup*, my great anxiety to relieve my patient leading me to the too frequent and bold administration of this *heroic* and powerful remedy. The symptoms are: prostration; constant vomiting, or rather continued nausea, followed by vomiting the contents of the stomach; then glairy fluid and bile; copious sweats; eyes sunken; skin partially corrugated, etc. In fact, the symptoms resemble those in epidemic cholera. The treatment: infusion of cinchonia in large quantities; tannic acid; infusion of galls, or powdered cinchonia bark, or anything containing the properties of tannin, as oak-bark infusion.

Fifteen or twenty years ago I used to see cases of poisoning from rattlesnake bites. A Mr. B., living five or six miles from Galva, was bitten, on a very warm day in July, on the finger. He had picked up a sheaf of wheat containing the serpent. I was sent for, but not being at home my place was supplied by an *eclectic*. He was discharged after thirteen hours, and I called. Found him suffering severely; swelling extending to the breast neck, etc.; great prostration and anxiety; occasional vomiting; the finger and hand took on *sphacelus;* and in a day or two he was dead. Had he not been bitten on the finger (so sensitive an organ), and during the heat of the day, when his blood was more than up to fever-heat, he might not have died. No other case that came under my care died. I gave them whisky or brandy in large quantities, and ammonical liniments applied to the swollen parts. An antidote within ten or twelve years has been proposed and used, called Bibron's Antidote, composed of

> Iodine, grs. iv.,
> Corros. chloride of mercury, grs. ii.
> Bromine, f. ʒ v.—M.

Dose: ten drops in a little wine or brandy, to be repeated as often as necessary. I have never since its introduction had occasion to use it.

I would not be performing my duty faithfully to the Society, in this essay, were I to omit calling your attention to the frequency of poisoning from the caustic preparation used in almost every house by our lady-friends in the making of soap. Concentrated lye, soap-makers' potash, lye from ordinary lixiviation from wood-ashes, etc., all have their victims; and I have been called to see cases of poisoning from all of them. Usually find the poor little child with lips and mouth swelled, excoriated; inability almost to swallow; abrasion of the mucus membrane of the lips and mouth. If death does not result soon, which rarely happens, the little patient becomes distressed terribly by pain and ulceration of the stomach and bowels. Diarrhœa, etc., continues for weeks, months, and sometimes a year, before death closes the horrid suffering. Of course, if we saw the patient sufficiently early we would give the acids to counteract the effects of the alkalies, such as lemon-juice, vinegar, citric acid, or the fixed oils; would prefer the former, diluted with large quantities of water. But the mischief is usually done. In addition to this would give demulcent and mucilaginous drinks, and counteract the effects of the gastritis and ulceration of the bowels on general principles,

including opiates, mild astringents, soothing applications to the bowels, etc.

Have seen several cases of poisoning from children eating the sweet and pleasant-tasting seed of the stramonium plant. The symptoms are strange and interesting in the extreme. The little patient is in constant motion, picking at imaginary objects constantly, and continually running over some language unlike English, Dutch, Latin, Modoc, or anything else familiar to a good linguist. Recovery usually takes place. I give emetics of sul. copper, repeated until I cannot see any more seed ejected. Opiates to allay restlessness, and infusion of the astringents in full doses are recommended.

Was called to see a girl aged about six or eight years. Found her suffering from severe pain in the stomach and bowels; constant tenesmus, and dysenteric discharges containing a large amount of mucus and blood. There was no dysentery prevailing at the time—and at the time of year that we rarely see it—and the case presented more prostration and cholera-like symptoms than are usually seen in either sporadic or epidemic dysentery. I could find no clew to any poison being used; but after the death of the little girl, another child remembered being in the cellar, and saw the dead take from a shelf some white lumps looking like sugar. On examination it was found to be sugar of lead. Antidotes for lead: sul. soda or sul. magnesia, mucilaginous drinks, albumen, milk, and chloroform to ease the pain.

Was called to see an English family, residing in an adjoining town, in the summer of 1868. Found the mother, grandmother, and five children of different ages, all very sick. Vomiting, tenesmus and purging; great prostration; sunken features; sweats; pain in the stomach and bowels; in fact, the symptoms resembled epidemic cholera: and if this disease had been prevailing at the time I might have diagnosed them as such. But I suspected poison, and made the inquiry. The family were a very ignorant one, and carelessness and indifference seemed to be their prevailing traits, and it was some time before I could get them to acknowledge eating anything unusual. Finally the mother said the boys had been picking *mushrooms*, and they had all ate of them who were sick. There is no direct antidote. Emetics should be given, if the substance is not already expelled, and chloroform to ease the pain. I gave opiates, applied epispastics of mustard, fomentations to the bowels, etc. All recovered.

In cases of poisoning from *strychnia*, brucia, and all the preparations of *nux vomica*, the physician rarely arrives in time to be of any service to the patient; usually finding the person dead. The symptoms are so well-marked during the stage of the toxic effect of the medicine or poison, that it does not require an expert to diagnose the disease. Spasms of a tetanic form usually make their appearance in from fifteen minutes to half an hour after the administration—rigidity of the extremities; subsultus tendinum; great pain in the stomach; difficult respiration; convulsions, and death. When death takes place the person is found almost immediately rigid, and so stiff that it is with difficulty a limb can be extended or flexed.

Was called to see a lady a few years ago (who had died very suddenly), and requested to make a post-mortem examination. Found her in the condition above described. She was apparently well, and in half an hour was dead. Circumstances were such that strong suspicion rested upon a relative of hers as being the guilty party. Post-mortem showed rigidity; gestation advanced to five or six months. I was convinced that she had taken strychnia. The prisoner was arrested. Strychnia was found in the house, and I analyzed, or rather tested it, before the circuit court of this county. The jury were convinced that she died from its effects; but the proof against the criminal was not sufficient to convict, the doubt with the jury being whether she took it herself, or whether he gave it to her. Formerly it was very difficult to detect strychnia or any of the vegetable poisons in the stomach on analysis after death; but recently our chemists are succeeding better, the tests showing plainly the poison.

Was called, about three years ago, to see James Fell, living near Cambridge. He had been under two physicians' care for two or three days before I saw him. Found him sitting up in bed in an emprosthotonos form, and as stiff as a board; impossibility to lie down. Tetanic convulsions every fifteen, twenty or thirty minutes; profuse, exhausting sweats, and almost complete insomnia; urine very scanty and high-colored; mind good. I ordered free and full doses of morphine with nitrate of potash, chloroform, etc., to ease the pain and procure sleep; mucilaginous drinks, m. tinct. iron and quinia as a tonic. Case continued a week or ten days; convalescence came on, and he slowly recovered. The poison got admission into his system in one or all of three ways: He had been planting corn, and had mixed the corn in a solution of strychnia to kill squirrels, gophers, or birds. He put the corn in his pocket, and probably

in the same pocket put his quid of tobacco, and in chewing received the poison. Or, the corn being wet, the poison might have been absorbed by hypodermic method; or, lastly, he had some sores on his foot, and he might have put his hands on the abrasions, and it been received in this way.

Probably the best treatment in cases of poisoning from these preparations of nux vomica, is *chloroform* in drachm doses, tannic acid, or other astringents, mucilaginous fluids, etc. There is no direct antidote.

Two years ago I was sent for to see Mr. R. R., living about one mile from town. Found him vomiting profusely of blood and mucus; pulse very weak; respiration laborious; muscles of face convulsed; limbs cold and damp; sense of burning in the stomach. He had taken, half an hour before, one spoonful of nit. potash, supposing it to be sul. of magnesia. The peculiarity of the case was the large amount of blood and mucus ejected from the stomach. Taylor says this only occasionally occurs. There is no direct antidote. I gave opiates to ease pain, and mucilaginous drinks. The patient recovered.

Last summer Mrs. G. called on me for treatment for leucorrhœa. I gave her the ordinary internal treatment, and put her up a paper of medicine containing sul.zinci, to be used for injection per vagina. A week or two afterward I was called to see her suffering from continued nausea and profuse vomiting; great pain in the stomach and bowels; profuse sweats, and pale countenance. As it was at a time when we were having bowel and stomach diseases, I suspected nothing unusual, and prescribed a cholera mixture containing chloroform, tinct. opii., tinct. camphor, tinct. capsicum, and alcohol, to be given in teaspoonful doses every fifteen or twenty minutes. This eased the pain and checked the vomiting; but she remained sick, and the stomach was very irritable, for several days. She recovered, and afterward confessed to me she had taken the white vitriol in a teaspoonful dose, supposing at the time it was salts.

Mrs. Moody consulted me, a few years ago, in regard to a disease requiring the external application of oil tiglii. I gave her a prescription for two bottles of medicine, one containing croton oil, the other some medicines to be taken internally. The druggist did his duty, carefully writing on each bottle *how to be used;* but the patient, notwithstanding this, took the wrong bottle containing the croton oil. She had taken one teaspoonful containing equal parts of croton and olive oils. I found her continually purging, and in great pain in stomach and bowels; vomiting, prostration, sweats, etc. Gave her opiates, mild drinks, and fomentations to bowels and stomach. She recovered.

Four or five years ago I was solicited to make a post-mortem examination in the case of E. H., aged about 34 years. He had been suffering from ophthalmia and granulated lids. Had formerly been under my care, but not getting along as fast as was desirable, he became acquainted with a notorious quack, or empyric, who learned of his sore eyes and called to see him, and by his flattery and fair promises induced him to accompany him to Toulon, procure a boarding-place, and put himself under his medical care. He was there but a few days, and then commenced vomiting occasionally—diarrhœa, and great prostration—so much so that a neighbor of his speaking to me about him, said that he looked so strangely that his own friends hardly recognized him. A few days after this the post-mortem was made by Dr. Scott, of Galesburg, and Dr. Smiley and myself. We found the stomach, duodenum and ileum, all very much inflamed, and of a deep and beautiful scarlet color. We found nothing in the stomach or bowels except a very mucous fluid with a few little pearl-like shining substances resembling oyster-shell. We all felt pretty well convinced that he had died from the effects of some corrosive poison; and what lead to the suspicion still more was, that the quack had made some trade with him, and if he died no one would know the amount that he had received. I took the stomach and part of the bowels, sealed them up, and expressed them to Dr. Mahla, of Chicago, with a request that he analyze them. He wrote me that he would not do it for less than one hundred dollars. I spoke to the friends about it, and they said they had not the money. I then wrote the doctor that I would see it paid, and referred him to some national banks as reference. He wrote me again that he would not touch it without the cash in advance. This the friends refused to raise, and consequently no analysis was made, and the matter was dropped, and the quack not prosecuted.

In conclusion, I would say that every physician residing in country places where *antidotes* cannot be readily obtained at short notice, should keep on hand antidotes for the usual poisons, plainly labeled, and also for what poisons they should be administered. Stomach-pumps, if used to remove the poison, should be carefully introduced, and manipulated with care, or we may seriously injure the mucous tissue of the œsophagus or

stomach. As a rule, when called to a patient taken suddenly ill after something has been eaten, we should suspect poison, and act accordingly; and if we feel sufficiently convinced, then apply our remedies. In nearly all cases we should give emetics, mucilaginous drinks, albuminous substances, milk, etc., and then, as soon as we are fully satisfied, administer our specific antidote.

As any of those cases may result in a *medico-legal* investigation, it is our duty, as medical experts or jurists, to reserve all ejected matter, or anything else that may lead to the detection of the poison and conviction of the criminal. Poisons found about the house, or parts of the viscera retained for analysis, should be carefully kept by one person, and sealed and locked up until in the hands of the chemist.

Hospital Reports.

MEDICAL WARDS OF THE MERCY HOSPITAL.

SUBSTANCE OF A CLINIC ON INTESTINAL WORMS. SERVICE OF PROF. N. S. DAVIS.

Tænia Lata—Lumbricoides—Ascarides.—Gentlemen: The patient before you is a middle-aged man, of foreign birth, and having the outward appearance of fair health. He came to the hospital several weeks since, on account of some surgical ailment, from which he was readily relieved, and was then transferred to the medical department, on account of some cough and unpleasant feelings in the abdomen, attributed to *tape-worm*. On inquiring into his history, it was ascertained that he had been many months troubled with variable appetite, a variety of morbid sensations in the abdomen, seldom amounting to pain, slight costiveness, disturbed sleep at night, and more or less mental despondency. During most of the time, he had passed from his bowels, every two or three days, something which he represented to be worms.

On examination, these proved to be detached pieces *tænia lata*, or tape-worm. They were white, flat pieces, varying from one-quarter to three-quarters of an inch in length, and about one-quarter of an inch in width. Sometimes several of these pieces would pass united, end to end, as I will show you in a few moments. This patient had at different times tried several remedies for the expulsion of his worm, before he came to the hospital; and during the first two weeks that he was in my hands he took pretty full doses of oil of turpentine, santonine, chloroform, and the fluid extract of male fern, but all with no apparent effect upon the worm. About three days since, however, he commenced taking drachm doses of the ethereal oil of the felix mas or fern, and repeated them before each meal and at bed-time, taking only very light food. At the end of the second day, after having taken, in all, an ounce of the medicine, he had free evacuations from the bowels, accompanied by the expulsion of a large mass of the worm—the larger portion of which I show you in this basin, fresh, as it appeared at the time of expulsion. You see around the margin several short, flat pieces, or joints, detached from the rest, such as he has been in the habit of passing every few days for many months. In the center of the vessel is this large mass, consisting of the same short, flat pieces, united in a continuous chain, coiled upon itself, but which, if it were extended into a straight line, without breaking, would measure twenty feet or more. At this place, you see it appears to end in a long, narrow and tapering point, which is probably the head of the worm. It is probable, therefore, that the whole of the animal has been expelled, and that the patient will remain free from further trouble from that source. So long as the head remains in the alimentary canal, the sections composing the body will be reproduced more or less rapidly.

The effects of the presence of a tape-worm on the general health of the patient, are not strongly marked. The patient before you is neither emaciated nor anemic. His principal suffering is from obscure morbid sensations in the abdomen, and from mental anxiety. And such has been the case with a large majority of those coming under my observation. Sometimes, however, the presence of the parasite causes more serious disturbance of the nervous system.

I have a patient now who has been suffer-

ing for two or three years from very severe neuralgic pains in his head, spine, and chest, with restlessness at night, and generally constipated bowels. At one time his physician found the pain in the back of the head and neck so severe as to create apprehensions of cerebro-spinal meningitis. He has been subjected to a great variety of treatment, addressed to the digestive and nervous systems, but without permanent relief.

Recently it was discovered that he was passing, almost daily, sections of a *tape-worm*. How far this may have been the cause of his long-continued nervous suffering remains to be proved. I advised for him full doses of the ethereal preparation of male fern, a day or two since, but have not learned the result.

About thirty years since, when practicing in the interior of New York, I was called to a young lady aged about 18 years, who had been having several paroxysms of general convulsions, resembling epileptic paroxysms. The tongue was coated, bowels costive, pulse 90 per minute, with some heat of skin, and general feeling of soreness, like muscular rheumatism.

These symptoms led me to prescribe six powders, each containing five grains of powdered colchicum root, and one grain of calomel: one to be taken every four hours. Before she had taken all the powders she began to have free intestinal evacuations, and voided a very large quantity of tape-worm. She soon recovered good health, and had no return of convulsions.

The different varieties of *tænia*, or tape-worm, chiefly occupy the ileum, or middle portion of the alimentary canal. They have occasionally been expelled under the influence of a great variety of remedies. At the present time the profession rely more upon the efficacy of felix mas, koosso, and the pumpkin-seeds, than upon any other remedial agents. The most reliable preparation of the first of these is the ethereal oil, which may be given in doses varying from ten to sixty drops, repeated three or four times at intervals of three hours, and followed by a cathartic.

During the time of its administration the patient should either fast or take very light nourishment only. The koosso, I have never used, although it has been very highly recommended by some practitioners. During the last five years I have caused the expulsion of more tape-worms by the use of pumpkin-seeds than by any other remedies. Success in the use of this remedy, however, depends almost wholly on the *manner* of its use. Two ounces of the seeds should be thoroughly bruised or broken up and put into a pint of water boiling hot, in the evening. Stir them up several times while cooling, and let the dish stand until morning. Let the patient retire at night without any supper, and in the morning drink the whole pint of pumpkin-seed infusion, instead of breakfast. If the bowels do not move freely by one or two o'clock, P. M., let him take a tablespoonful of castor oil, mixed with a teaspoonful of oil of turpentine. After it has operated freely he may take food as usual. I have known this method to succeed in expelling the whole mass of the worm in a goodly number of cases.

There are two other species of intestinal worms, much more common than the *tænia*, or tape-worm.

The lumbricoides, or common round worms, are frequently met with in children, and sometimes in adults. They may be found in the stomach, or any part of the intestines, though they live mostly in the ileum, and colon. Their existence is generally indicated by fulness of the abdomen, capricious and often voracious appetite, disturbed sleep, and occasional attacks of transient fever; and yet they are often seen in the intestinal evacuations of persons who have appeared to be in previous good health. They are generally easily expelled by the judicious use of either oil of turpentine, santonine, spigelia marylandica, or carbolic acid, aided by mild laxatives. For convenience of exhibition, certainty of effect, and safety from bad consequences, the santonine is the best remedy for this species of worm. It may be given in doses of from one to five grains, according to the age of the patient, repeated every four

hours, until three or four doses have been taken, and then follow it by a cathartic.

The remaining variety that I will allude to is the *ascaris*, or pin-worm. This is a small worm that inhabits the lower bowels, chiefly the rectum, burrowing in the folds of the mucous membrane, producing itching and titillation locally, and sometimes, more general nervous derangement. They are often passed in great numbers, exhibiting a lively motion, and not unfrequently crawl out of the anus, when there is no other evacuation. The locality of this species of worm in the rectum, the deposit of its larvæ in the folds of the mucous membrane, and its rapid multiplication, makes it very difficult to get entirely rid of, by any quantity of vermifuge and cathartic remedies given by the mouth. For several years past I have abandoned all such treatment for ascarides, and have substituted injections into the rectum. One tablespoonful of common table-salt, dissolved in a pint of cold water, and enough of it used as an injection to fill up the rectum pretty well, not only kills the existing worms, but also destroys their larvæ. A salt-water injection every second or third night, until three or four had been used, has uniformly and effectually relieved such cases as have come under my care.

THE SCIENTIFIC CONGRESS AT ROME.—The Italian savants hold their Congress this year on the 20th inst. in Rome. This is the first time for a great number of centuries, as the organizing committee observes, that reason and science will be able to raise their voices freely in the city of Rome.

The Congress will remain in session ten to fifteen days. Like our scientific congresses it will be divided into sections and classes, comprising all the branches of science. Strangers are received as guests. Senator Tevenzio Mamiani is president; Senator Giuseppe Ponzi and deputy Onovato Cactani assistants. Prof. Luigi Biolchini and Rodolfo Lancaini fill the office of general secretary.—*Gaz. Med. de Paris*, Oct. 18, '73.

THE most ingenious explanation ever proffered, perhaps, in explanation of the cause of kleptomania, was that lately stated in New Jersey, "because the individual had been vaccinated with virus from a hooking cow."

THE

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A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, December 15th, 1873.

EDITORIAL.

ANNUAL REPORT OF THE SURGEON-GENERAL OF U. S. ARMY FOR 1873.

This is a pamphlet of only 13 pages, containing a statement of the financial operations of the medical department of our army during the year ending June 30th, 1873; the amount of sickness and mortality in the army during the same time; the number of specimens in the Army Medical Museum, and the additions thereto; the progress of the publication of the medical and surgical history of the late war; and some important recommendations in relation to filling vacancies in the Medical Corps, and an increase in the relative rank of medical officers. In regard to the last-named subject, the Surgeon-General says:

"I am compelled to again repeat the statement made in previous reports, that very serious and increasing injury has resulted to the service from the continued prohibition of appointments and promotions in the medical corps. The inducements of pay and rank, as at present established, are not sufficient to make the service attractive or remunerative to physicians already engaged in practice; and though, through the prerequisite rigid examination of candidates, it has heretofore been found possible to secure a high grade of talent and qualification, it is upon the younger portion of the profession, the recent graduates, that we must depend in filling up existing vacancies. As a large proportion of applicants fail to pass satisfactory examinations (which require in each case from three to six days), it will be the work of several years to restore the corps to the necessary standard of numbers as provided for in the act of Congress approved July 28, 1866. Al-

though ambition to pass the Army Medical Board brings forward many of the most promising graduates of the medical colleges, additional inducements of rank, pay and promotion are becoming more and more necessary, not only to make the number of candidates equal to the needs of the service, but to retain the most desirable of them in the service under their frequent inducements to accept advantageous offers in civil life. The action of the American Medical Association, representing the medical profession of this country, regarding the unequal position of medical officers of the army—as compared to that of other staff corps—is based upon actual investigation of the subject, and presents to Congress all the facts in the case.

I can only urge most earnestly upon your attention the pressing and absolute necessity for such legislation as will secure to our officers and soldiers the efficient and reliable attendance in wounds and sickness which the Government should provide, and will make a position in the Medical Corps of the army, now, as formerly, an object of ambition to the best educated and best qualified young men in the profession."

The whole number of vacancies in the Army Medical Corps, is, at present, sixty-four; and we see no prospect of their being properly filled, unless Congress shall speedily add to existing inducements by providing increased rank and pay, after a fair term of faithful service. It would be well if every physician in the country who is acquainted with a member of Congress would urge upon him the necessity of passing the law that will be proposed for remedying this evil.

"Dictionary of Elevations of the United States."—We understand that Dr. J. M. Toner, of Washington, D. C., has a work in press with the foregoing title. We have before us proof-sheets of the first eight or ten pages. From the matter contained in these sheets, it is evident that the work will be one of great value to all who wish to study medical topography and climate in connection with vital statistics. For instance, one of the tables before us gives the average elevation above the sea-level of each State and Territory, with the number of square miles, the number of persons to the square mile, the total population, and the proportion of population living in cities of over 5,000 inhabitants. Another gives the average altitude of each State and Territory, in connection with the percentage of deaths to the population in 1850, 1860 and 1870; the percentage of deaths from consumption to the total mortality in 1860 and 1870; the percentage of deaths from diseases of the nervous system in 1870; and the percentage of deaths by diseases of the respiratory system to the total mortality for 1870. In another table we find a list of all the cities of over 5,000 inhabitants, in the United States, with their altitude, and population according to the census of 1870. We hope the work will be speedily issued from the press, and liberally patronized by the profession.

Gleanings from Our Exchanges.

REPORT ON OTOLOGY.

BY SAMUEL J. JONES, M.D., OF CHICAGO.

[*From Transactions Illinois State Medical Society.*]

In the absence of a report on Otology at the last annual meeting of the Society, your Committee have understood it as the desire of the Society that the present one should embrace the period since the date of the report of the last Committee on Otology appointed by the Society.

The last two years have been prolific of good work in Otology. The amount and character of the contributions to ophthalmology, since the discovery of the ophthalmoscope, have been a gratifying surprise to the profession; and whilst its sister department of otology has scarcely progressed equally with it, yet the recent advance has been most gratifying; and it is probable that in no previous period of two years have the additions been so great as in the last two.

In a previous report, the periodicals devoted to otology were given. They continue to give valuable aid to this department of our profession.

The first American work on "Diseases of the Ear," at all worthy of the subject, appeared last year, of which Dr. Laurence Turnbull is the author. It is a work of great value, not only to the aural surgeon, but to the general practitioner as well. Another work, entitled "On Aural Catarrh and Curable Deafness," by Dr. P. Allen, comes to us

from England, and is a valuable contribution in its restricted department of aural practice.

Professor Helmholtz, to whom the profession is indebted for the ophthalmoscope, has recently added to the debt by his investigations in regard to the ear and acoustics, and has recently given us a work on "The Mechanism of the Ossicles of the Ear and Membrana Tympani," which has been translated into our language by Drs. A. H. Buck and N. Smith, of New York. Allied to this department, though not strictly works on otology, are Neftel's small work on "Galvano-Therapeutics," Professor Tyndall's lectures "On Sound," and Cohen's work on "Diseases of the Throat," which are so intimately connected with many affections of the ear, and influence so much the hearing power.

"The American Otological Society" continues to labor for the advancement of this department of surgery, and for the work it has achieved merits commendation. Its contemporary the "Otological Congress" of Germany, thus far has scarcely met the expectation entertained at its organization.

Interesting experiments are being made, and profitable results it is expected will be attained, regarding the influence upon hearing, of the muscles of deglutition, as well as of the tensor tympani and laxator tympani muscles. The physiological use of the different parts of the labyrinth is being investigated, and one result already arrived at is the still further elimination of cases once classed as nervous deafness.

Some singular results have been obtained by division of the semi-circular canals in the lower animals, which seem to throw light on some of those mysterious cases in man wherein cerebral action is disturbed. The microscopical examinations of the labyrinth may further enlighten us as to the function of the different portions, and establish the importance of the so-called member of Corti.

That the ear possesses a certain power of accommodation to sound, seems more than probable, as may be seen by the simple experiment of taking a watch and placing it within the hearing distance of an ear, and gradually removing it farther from the ear until a point shall have been reached which represents its greatest hearing distance. If now the watch be removed still further from the ear, so as no longer to be heard, and then gradually made to approach the ear, it will not be heard until it shall have reached a point nearer the ear than that which registered its greatest hearing distance when receding.

Inquiry is often made by sufferers from impaired hearing as to why they hear better when subjected to loud noises, as in railway travel, when the same noise impairs the hearing of others. This fact seems to derive an explanation from the fact that the accompanying structural change of the ear has so obtunded the organ that the auditory nerve is only excited to action by the stimulus of such pitch and volume of sound as would overwhelm an ear of ordinary sensitiveness: just as the bright rays of the sun would dazzle the sight of a normal eye, whilst the haziness of a diseased cornea would serve as a screen, and limit the amount of light admitted to the eye to what was suited to vision.

Some singular manifestations are observed, at times, in operations upon the ear. Even the introduction of a speculum into the meatus will produce a paroxysm of coughing; probing of the ear to remove secretions therefrom sometimes has the same effect; and the same operation has been known to produce a tingling sensation in the tongue, where there was perforation of the membrana tympani, which tingling disappeared as the inflammation subsided, though the perforation remained. Such a case resulted from scarlatina, and only one ear was affected. On that side there was defective action of the lower lip, and some stammering in speech, which grew less as the disease of the ear improved, and, apparently, as a consequence of such improvement. Such cases show how multifarious are the manifestations of the consequences of acute inflammation of the middle and internal ear; and yet how seldom these cases receive the attention that such grave lesions require! It may not be deemed amiss to introduce here the notes of a few cases that have occurred in the practice of your Committee, in which the results of treatment were as markedly shown as in the above mentioned case:

J. T., aged 17, suffered in infancy from scarlatina, which resulted in perforation of the membrane of the drum of the right ear, and discharge from the ear, which continued almost without interruption for fifteen years. A watch could scarcely be heard when in contact with the affected ear. Thorough cleansing out of the ear by washing out the fauces, Eustachian tube, and middle ear, and filling the meatus with an astringent solution, which was forced through the opening in the membrane of the drum, so as to fill the middle ear and Eustachian tube, at the same time that counter-irritation over the mastoid cells was kept up, resulted in removal of the inflammation, disappearance of the discharge, and marked improvement of the hearing of the ear, which was continued for nearly two years.

H. S., aged 18, also otherwise in good health at the time he applied for treatment, gave as the history of his case, that in infancy he suffered from a "severe cold," which produced great pain, swelling, and discharge, and that the discharge had never ceased from either ear.

Removal of the accumulated and decomposing secretion, which was of very offensive odor, showed on examination that the meatus of each ear was nearly filled with polypoid growths. These were destroyed by caustics, and a solution of sulphate of zinc, with the addition of carbolic acid, was used freely after each cleansing of the ear. Inhalations of a solution of chlorate of potassa was used; and once a day air impressed with iodine was forced, by Politzer's method, through the nose, fauces, Eustachian tube, middle ear, and through the perforated membrane of the drum of each ear, which produced a whistling sound readily recognizable. Within a few days, all odor had disappeared; in a week's time the hearing of each ear improved; and in a month's time conversation in an ordinary tone of voice could easily be heard. In a fortnight more treatment had to be interrupted, in consequence of a change of residence of the patient, but was partially resumed under the care of his family physician; and recent intelligence from the patient reports continued improvement.

Mrs. M., aged 50, applied for treatment, and stated that she did not remember ever to have heard with her left ear; and that recently the hearing of the right one was becoming so impaired as seriously to interfere with her convenience and comfort. Examination showed that the difficulty was chiefly in the Eustachian tubes. Inflation of the tubes by Politzer's method made immediate improvement; and in a fortnight the ticking of a clock could be heard nearly across her parlor, with her right ear closed. Free use of air impressed with iodine, through the Eustachian catheter, gave permanent relief.

H. C. R., aged 38, applied for treatment for an eczematous condition of the meatus of each ear, aggravated at times by formation of small abscesses in the meatus. He stated that for thirty years he had not heard with his left ear. Some disease, of which he knew nothing, had in infancy produced the destruction of his hearing, and he supposed it was permanently lost. Examination of the condition of the ear showed thickening of the membrana tympani and of the middle ear and Eustachian tube; but in time these yielded to treatment, and hearing was restored sufficiently to hear ordinary conversation with that ear, and to recognize the ticking of a watch eight or ten inches distant from it.

R. J. W., aged 35, applied for treatment, and stated that for more than twenty-five years he had not heard with one of his ears, and the hearing of the other was becoming so impaired as seriously to embarrass him in his vocation. In the worse ear, the hearing had been lost so early in life that he did not know the cause. Examination showed the membrana tympani thickened, opaque, and irregularly concave, and the Eustachian tube of that side so closed that no air could be forced through it, either by Politzer's method or by the Eustachian catheter. A few days' treatment made an improvement in each ear; and in one month's time conversation could be heard with the worse ear, and the other was considered entirely restored. The patient also expressed himself relieved of a distressing feeling of fulness and oppression of the head, which had been more embarrassment to him than the impairment of his hearing.

Mrs. F., aged 30, in good general health, applied for relief from distressing tinnitus aurium, which she stated had continued for six years, so that at no time during that period, when awake, was she free from a hissing noise, which she could only compare to the violent escape of steam from an engine. It was so severe as frequently to wake her from sleep at night. Treatment relieved the case, and there has now been almost entire freedom from it, for more than a year.

These are cited to show how much can at times be done to relieve cases which seem so very unpromising as to elicit at least a very guarded prognosis, if not an entirely unfavorable one, and to serve as a further incentive to more thorough revision of the generally accepted views regarding diseases of the ear.

In this connection, your Committee would draw attention to the diagnostic value of thickening of the membrane of the drum. Observation shows that the degree of impairment of hearing is not in proportion to the amount of thickening and opacity of the membrane, contrary to the generally received opinion. Such thickening serves often to aid in forming an estimate of the amount of thickening interior to it, on which the impairment is far more frequently dependent. Nor does it seem of great importance, in treatment, as to what the first cause of such thickening was; but when any thickening has resulted, additions thereto by each succeeding attack of catarrhal inflammation are made. Eruptive diseases are a not unfrequent cause of the beginning of many cases of im-

paired hearing; but when the acute stage has passed, and some deposit remains, that deposit may be compared to the pebble in the stream, around which accumulations from time to time gather, until what was at first an insignificant matter becomes at a later stage a matter of grave importance, and it is discovered that the most valuable time for successful treatment has passed. In too many cases, that embarrassing consequence, viz.: ringing in the ears, "tinnitus aurium," has resulted. These subjective sounds manifest themselves in various ways, and are often more distressing to the patient than the loss of hearing.

It is important to discover their source before an attempt is made to relieve them. It is necessary to determine whether they originate in a disturbed condition of the equality of the atmospheric pressure on each side of the membrana tympani, and consequent change in the position of that membrane, as often results from closure of the Eustachian tube, or whether there is too great pressure or rigidity within the middle ear disturbing the natural relation of the ossicles with the labyrinth; or whether the lesion is in the internal ear itself —a distinction that is all-important in treatment, for these noises must be regarded as a symptom only, and not the primary difficulty.

Another symptom for it, too — only a symptom; a consequence, not a disease—is discharge from the ear, "Otorrhea," which requires quite as much care to ascertain its source, as the origin of these sounds for its permanent removal. Of course, the only successful mode of treatment must be removal of the cause which is keeping up the discharge.

Another symptom of affection of the ear, which sometimes is an additional source of distress, is pruritus, or excessive itching of the external meatus. This may be produced by an eczematous condition of the meatus, or in consequence of the presence of the parasite *aspergillus glaucus*, and sometimes, in the milder forms, seems to result from absence of secretion of the cerumen, and accompanying dryness of the lining of the meatus. The treatment must in such case be governed by the cause; but, in nearly all cases, some glycerine and carbolic acid may be added with advantage to the other medicinal substances used—which will generally answer best if used in solution—with which the meatus is to be filled.

The question, "What is earache?" receives such varied answers as to show how indefinite must be the ideas of many as to the character of the lesion of which this is so painful a *symptom*. This pain in the ear may be a neuralgic condition, or may be pain resulting from serious acute inflammation of some part of the ear, in which latter case the treatment required will be wholly different, and on it the life of the sufferer may be staked. Trivial as it may seem from our familiarity with its frequency, its pathology is less understood than it should be. "Earache" suggests at once to the anxious mother of the suffering child "laudanum and sweet oil," and often is even countenanced in this by her family physician, who, without reflection, advises the application of alcohol in the tincture to a surface that is already raw and acutely inflamed. Inspection of the meatus and membrana tympani, in such condition, would convince him of the impropriety of such application; and yet, in what percentage of these cases is such inspection made? Before leaving this subject, your Committee would appeal to the profession in behalf of the little sufferers in these cases, where the pain is so excessive that when it occurs in vigorous adults, they say they can only compare its severity to that produced by bone-felon.

In conclusion, a few words regarding the progress made in the treatment of affections of the ear are offered. As a consequence of recent additions to the minute anatomy of the ear, and its pathology, it would be expected that progress would be made in the results of treatment of its affections. In recording the history of some cases in the earlier part of this report, some allusion was also made to treatment; but some further suggestions are made as to the results attained in that large class of cases so general in this section of our country, viz.: a hardened sclerosed condition of the interior of the middle ear. It may be safely stated that in this part, including with it the Eustachian tube, is where by far the majority of the affections of the ear occur. In many cases the disease originates in this part; in many others it originates in some pharyngitis, and extends through the Eustachian tube, until it involves the entire middle ear, and includes with it the inner layer of the membrana tympani. The stage of the disease—whether acute, sub-acute, or chronic —as well as the degree of structural change of the parts, will modify the treatment and determine the character of the application, as to whether it shall be soothing, sedative, or moderately stimulating, or decidedly stimulating. The affection is generally only local in character, and should be treated chiefly by local applications. In nearly all stages of these affections the application to the pharynx of warmth and moisture—conveniently

made by a steam atomizer—and then washing out the Eustachian tube and middle ear, through a Eustachian catheter, with some saline solution, and then making the application of the stimulant, seems to produce the best results. No single remedial agent seems to answer better as a local stimulant in these cases than iodine, which is so volatile that air can readily be impressed with it and forced through a catheter into the middle ear, and even to the mastoid cells, and has the advantage of impressing the whole surface evenly, and not setting into the more dependent portions of the irregular space of the middle ear, there to produce erosion as fluids of an irritating character might do. This course of treatment has shown how incorrect is the impression that cases of thickening of the middle ear—so-called catarrhal—cannot be relieved.

That the galvanic current will yet become a valuable auxilliary in the treatment of these affections, becomes more and more probable each year. Some results given by Neftel, in his article "Electro-Otiatrics" give promise for the future; but as yet our knowledge of galvano-therapeutics must be regarded as very incomplete.

AN IMPROVEMENT ON ESMARCH'S ELASTIC BANDAGE.—BY W. HARRISON CRIPPS, HOUSE-SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.—Esmarch's admirable suggestion of using an elastic bandage to exclude the blood before operating on limbs, and the complete success attending it, are now probably well known. The following is a simple modification of his arrangement, by which many yards of elastic bandage may be dispensed with, and it can be easily and quickly applied.

A short india-rubber tube is used, not only to prevent the blood from returning to the limb, but also for the purpose of removing it in the first place. The two ends of an india-rubber tube, twenty-one inches in length, and about three-eights of an inch thick, are bound together with a piece of twine, the whole forming an elastic ring seven inches in diameter. A grooved reel revolving between a double handle completes the necessary apparatus. To apply this to the arm, three or four complete turns of the elastic ring are wound tightly around the hand in such a manner as to include the fingers and thumb, care being taken that the turns lie even and do not cross one another. The reel is then put under the free portion of the ring connecting the upper and lower coil. The reel is passed round and round the limb in an upward direction; thus each coil is unwound from below as another is added above. In this way four tight coils of india-rubber are carried up the limb to any distance required. The degree of tightness can be regulated with the greatest nicety by the distance the reel is drawn from the limb by the bandager.

This method of driving blood from the limb answers perfectly in the arm, and in the lower part of the leg; but in carrying the bandage over the popliteal space, the flexor tendons prevent the artery being effectually compressed. A firm pad in the space would probably answer the purpose.

To remove the bandage, it may either be unrolled by reversing the action of the reel, or the twine connecting its two ends may be cut with scissors.—*London Lancet.*

G. L. Simmons, M.D., in a letter to the *Western Lancet*, speaks as follows regarding this method of suppressing hæmorrhage during operations:

"By the kindness of Mr. T. Smith, who now fills the position of surgeon at St. Bartholomew's Hospital, made vacant by the death of Holmes Coote, I was invited to see him operate in a case where the circulation was suppressed by the elastic bandage. A boy with a diseased tibia was put under the influence of chloroform, the bandage applied, and the diseased bone removed. The experiment was so completely successful that no blood was lost during the operation, all of the tissues being blanched, even to the osseous structure. I need hardly remind you, as remarked by Mr. Smith, 'that this operation is usually made slow and troublesome by the constant welling-up of blood.'

"At King's College Hospital, I saw Mr. Jno. Ward operate in a case of a diseased elbow, where it was necessary to open long and numerous sinuses, and so exsanguined were the tissues that not a drop of blood was evident; and the surgeon stated that he could define the structures as clearly as if a dead limb were under his knife. He also mentioned a case of a late operation upon an arm, very near to the axilla, where he had first forced all of the blood out of the limb by elastic pressure, and had then applied a pad over the axillary artery, keeping it in place by numerous turns of rubber-tubing over the shoulder.

ABUSE OF NUX-VOMICA AND ITS ALKALOIDS.—Dr. Jas. Thompson, of Leamington, writes to the *British Med. Jour.* of Oct. 11, that he is satisfied of an increasing disposition on the part of many people to resort to nux-vomica as a stimulant, and cites a few cases in which the practice had led to serious results.